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THE RETURNED SOLDIER---A CHALLENGE*

BY ETHEL B. BELLSMITH

It has been a great privilege to be assigned as field director of the American Red Cross unit at Mason General Hospital and to work under the direction of Colonel Cleve C. Odom, commandant.† This hospital is the army's largest neuropsychiatric hospital and the Red Cross has been able, through the cooperation of the commanding officer, to participate actively in the care and rehabilitation of the men who are patients there. The material here presented is based on the experience of the Red Cross staff there.

Any discussion, however general, regarding the attitudes with which men discharged from the armed forces may return home, would be incomplete without a brief consideration of their experiences preceding and during their military service. Our culture had not emphasized early financial independence. Some men went to the services directly from home, school, and college, who had never been self-supporting, and who were forced to mature over night. Others were taken from wives, children, and jobs. Some married hastily and lived with their wives only briefly before going abroad. Men who had never before been away from home sailed on short notice over vast oceans to new countries and to great uncertainties. Transitions were demanded from freedom and comfort in many cases to basic training and adjustment to the whole military setup. A man's whole pattern of life was changed. The ability to choose was practically eliminated.

Rendered almost completely dependent upon the government for food and shelter, assigned to unusual activities and to the acquiring of special skills, a man had a fear of losing, and an interest in maintaining, the old skills for later use. With this, there existed a concern about the possibility of finding the new and unfamiliar too difficult or impossible. The discipline and regimentation, training and extended periods of waiting for combat, led to anxiety and apprehension. As one man put it, "We had to 'snap,' we couldn't stand it."

The effects of long periods in the harsh and unfriendly climate of the far north or the too enervating one of the tropics are hard for us to comprehend. The too intense cold, long nights, great isolation and utterly unfamiliar surroundings had a freezing, retarding effect on some men. They believed they were forgotten and felt lost and forsaken. Combat in

*Read at the New York State Conference on Social Work at Rochester, November 18, 1944.

†This paper was written while Mrs. Bellsmith was on leave of absence as supervisor of social work at Central Islip State Hospital to act as Red Cross field director at Mason General Hospital, Brentwood, N. Y.

the South Pacific theater subjected the men to stresses radically different but of an equally severe and destructive nature. No previous peace-time experience had prepared our soldiers for the hazards of jungle fighting or the horror of Japanese ruthlessness. The aloofness of some peoples to our armies, the rivalry with other men, and the consequent struggle for attention from too few women were a challenge to their prestige and self-esteem.

Our soldiers have been a part of the most destructive process ever planned by man. Its extent and method must have a profound effect on any person participating in it. Consider the result to those engaged in this process and to the countries and people destroyed. Total war is unlike anything hitherto experienced, and certainly our comprehension of it is not commensurate with that of the people of Russia, Poland, Holland, and England; nor can our identification with the veterans be as complete. The peoples of these countries, through fighting, suffering, and enduring with the armed forces, have an understanding that will be difficult for us to equal. They were completely involved in the war, fighting together the common enemy.

The military has been concerned that the men know the issues. Can the people of this country be as clearly and well informed unless very conscious and direct efforts are made to insure a sharing of the experiences of the armed forces?

Many persons in our own country feel a personal and deep concern in the men's experiences while in the armed forces and in their problems on return. The frequency with which varied and diverse articles and specific data of all kinds regarding the war, has appeared in daily papers, periodicals, and on the radio, testify to this very general interest. Several long and factual descriptions of induction, training, and reconditioning have been published in such widely different periodicals as "Fortune" and "The New Yorker." The emotional response to the graphic reporting by Ernie Pyle and other war correspondents, testified to civilian interest, close identification with the armed forces and the need to be with and to understand them. The wide dissemination of information by the military indicated the desire to inform the country of aims, methods and objectives, with a consequent increase and improvement in morale at home. Will that community morale, based on interest and partial understanding, be equal to the demands, which will be made as the flow of demobilized men, already one million and one-half strong, is increased to complete demobilization and return to community life?

To understand the desires of these returning men and to plan appropriately with them, an examination of their attitudes and expectations is not only pertinent but essential.

When they were removed from family, home, and early associations, these familiar relationships assumed an added attraction because of distance, contrast, and impossibility of attainment. On return they may suffer by comparison with this concept. Aggressive and demanding, retiring, defeated and suspicious attitudes may appear. Rapid changes of mood may arise.

Those who have seen close friends die or have experienced great suffering may have developed feelings of guilt and remorse, particularly if they have been members of highly-trained and closely-coordinated groups from which they have been separated. Other men, having been moved rapidly from one unit to another, formed few close ties. Feeling alone and unattached, they were more susceptible than those in closely knit groups to primitive fears of the unknown, which were visualized as an anticipation of death, imprisonment, and mistreatment. Their only security may have been in the total army structure. Because of the diverse and dangerous situations in which and of which they have been a part, permanent benefit or grave damage may result. Personalities have changed, but rarely is this change complete. It is manifested rather in a sharpening of perspective, a release of the non-essentials.

The spontaneous desire of a soldier may be expressed in a variety of ways such as an eagerness to return home, resume the same job or obtain a better one, buy a farm, a small business or a jeep. A belief that he has been in too long, has done his job and has given much more than his family or any one at home, may be expressed. He may be accusing in his attitude, saying, "You were not really deprived, you did not suffer, you were comfortable." He may believe correctly that the small number of inconveniences entailed in rationing, in getting a specific food regularly, or in enjoying the usual amount of entertainment, were of no real inconvenience or importance Boastfulness, overemphasis of his independence and ability to manage alone, may lead to a refusal of offers of help or advice. Conversely, he may believe that certain things are due him. His minimum requirements are, certainly, appropriate medical attention, vocational training, job placement, adequate shelter, food and clothing.

Usually veterans are optimistic about jobs, feeling that they can look around and will have a choice. They readily accept the suggestion of going to the United States Employment Service. Others think, "I will take anything I can get." Some want different and better jobs, not the old ones. Positions of great responsibility in the military have developed self-confidence. New fields of endeavor have stimulated men's interest. Young men from the late 'teens to early twenties often express a wish to finish high school and college. Older men speak of work first and then night school.

Some men are restless, want to move around and experience freedom before establishing themselves. A few expect a lot of attention; others do not want anything either from the government or the family, feeling they merely did a job that was necessary. Some are indifferent to pensions and will leave it to the government to decide; others refuse to accept the possibility of a pension, saying, "I do not deserve it." Few are demanding; usually they are optimistic about the future. They have idealized home life and the family, particularly mothers and sisters, are sure of being wanted and are "dying to get home," which to them is the antithesis of everything in the army. Some have become alienated from their wives and say, "Don't put my wife down as my closest relative, put my mother." Some of these are the men who married shortly before or just prior to entering the service. Others plan to marry as soon as possible, in many cases to girls they have met since entering the armed forces. A few want to rest, to be quiet, and away from big groups. Emotionally on guard, they are protecting themselves from further change and personal attachments. They believe they can't do their old jobs because of nervousness, want assurance of continued hospital care, if necessary. Others are concerned about securing employment after leaving a mental hospital, even though there is no diagnosis on their discharge papers. Apprehension exists about their reception in rural communities after neuropsychiatric hospitalization with no apparent handicap, and the necessity of explanations to family and friends. Others say, "Only the family can understand."

Recently, the writer interviewed a small group of patients who were being prepared for discharge from the military forces and return home. When questioned regarding their aims, the first answer that each man made was, "I want a job." One said, "I want to get adjusted to the right job." He was a printer before induction. If he could join a union, he would like to continue in printing. If not, he would like to study mechanics and get a job on a lathe. In any case, he wanted a permanent job. He was a field clerk in the army but did not think that work was right for him. He understood that he could go to the United States Employment Service, planned to do that and to take some aptitude tests. He was also interested in making a good arrangement about his insurance and would go to the veterans' center for further advice. Later, after he had saved some money, he might get married as he was interested in a girl.

Another said, "I expect to fight for what I get. I will get a job where I left off." He was a grocery salesman and planned to continue in direct selling to the public. He was 18 when he left school, finishing the ninth grade, and working as a salesman for three years. He might even start his own business. He was interested in supporting himself, making it pos-

sible for his elderly father, an iron worker, to retire. He had no immediate plans for marriage but was very interested in helping his family.

This man went through four campaigns and at Anzio had a series of convulsions. He thinks the battle aggravated an early tendency to such attacks. He has accomplished what he wanted to do in the armed forces, feels he has done his duty. He knows his family will be glad to have him home, and that as long as his employer understands his condition and it does not interfere with his performance, he "will get along all right." He readily accepted an interpretation of his illness and the need to avoid hazardous occupations and situations.

A third man with acute episodes, probably of dull-normal or a slightly lower grade of intelligence, planned to return to delivering telegrams on a bicycle; or he might buy a car and deliver many more. The company would be glad to have him back. He had been in to see his former employers several times while on pass. The personnel worker "kidded around" about his coming back soon, but if the concern did not have a vacancy, he would take a job delivering with a transportation company. He was not worried about getting work. He wanted to support himself, give a little to his parents, save money, and revisit old friends. As this man worked with special services, helping with the production of shows overseas, he was asked if he would like to continue this interest, and was referred to a settlement house in his neighborhood. He was also referred to the veterans' center for assistance in other problems.

A sergeant with extensive professional education and background would like a brief vacation in the country with some peace and quiet. He does not want to talk or answer questions. He thinks the men with whom he was associated want neither praise nor sympathy. He carries a scar in his heart and shares with his buddies the things they experienced together. He described his distress at the sudden death of his best friend as the ship, on which they were both returning to port, docked. Quoting him, "The real soldier does not want to be questioned about his experiences, nor does he wish to brag. He wants to go home to the care of his mother and sister, and the food he used to have there. The essentials of life have a new meaning and that does not include luxury, being conspicuous, nor being the object of curiosity. He just wants to be an average American citizen."

The community is apt to think the returning soldier should settle down fairly soon and interprets this as securing employment and carrying his responsibilities. What does this process of a man's settling mean to him? It might mean a number of things that to us connote instability. Unpredictable explosions or periods of uncertainty, apprehension or excessive optimism may mark his efforts to work out a permanent relationship toward

his own responsibilities. Accepting such outbursts and attempting to understand their causes will help the man, struggling to find his way. Nagging serves only to fix such temporary reactions into permanent behavior problems. A definition of "to settle" is to clarify, to precipitate, to subside and finally to fix one's home or abode and domestic relations or business. Before he arrives at this stable situation, a man may have to experience many conflicts and make many adjustments at considerable emotional cost to himself. Only then could the community find it easy to absorb him in the group. He is their unknown factor. To him, the community attitude is the unknown. He feels as one against many and he returns to the group with more uncertainty and more insecurity than the group has in accepting and receiving him. How clearly will the nine-tenths, who did not enter the armed forces and of whom we are a part, visualize their responsibility to the one-tenth who were selected for the more hazardous service?

We should assume that the returning veteran is a normal person who wishes to become a responsible member of his community as rapidly and as easily as possible. He may be bewildered or confused by changes occurring during his absence and may question his present status. The practical and emotional elements coincidental with reestablishing his wife and children in a new home and removing them from those relatives who may be loath to release them, may complicate his plans. He may need help in deciding what is best for him and making suitable ones. Meeting old friends and new people in his community on his discharge before the end of hostilities, placed the necessity of explanation on the veteran and increased his conflict. The majority of men wish to secure work quickly.

In the case of 15 men who were seen in consecutive interviews, interest was expressed in the following types of jobs: defense, sales promotion, aviation pilot, truck driver, "something better than auto repair" which he did before, a small machine shop, service in the marines, odd jobs, meat salesman, civil service job in the post office, farm ownership, machinist. One was a fur salesman but thinks he is now too nervous; another wishes to return to his former job of optical lens polisher. Only one in the group expressed his wish to get a pension as his primary interest. All who can work should be urged to accept jobs commensurate with their abilities. A desire to rest is not a healthy sign, and tendencies to idleness should be earnestly combated. Constructive utilization of the handicapped man's assets and skills is helpful and necessary to him and those with whom he lives. The social values of work cannot be overemphasized. The conviction that he is needed and is contributing to the support of himself and his dependents, the tangible result in money and prestige, the opportunity

for social relations with fellow-employees increase a man's self-esteem and general sense of well being.

Interpretation of a man's assets to employers, personnel directors, and industrial leaders is the social worker's responsibility. Many men discharged for neurological and psychiatric reasons are not different from what they were before induction. Personality differences and behavior which are not a serious problem in the community may create a difficult situation in a military installation. All persons are not able to change their habits sufficiently to make the adaptations required by the armed forces, but many can adjust in industry.

Many community attitudes will have to change. Men will be impatient with religious and racial intolerance which are still manifest in some places. They will have a very vital concern that their children shall not repeat their experiences, and a keen interest in safeguarding their future and the right to live in peace. They have earned the right but it will not be retained unless we are constantly striving toward that objective. The voice and vigorous interest of returning veterans in public affairs and public service are urgently needed. A right to be heard is inherent in our constitution and social structure.

A deeper respect for individual differences and an acceptance of unusual behavior is greatly needed. Such behavior may be difficult for us to understand but it has a meaning for the individual and serves a definite purpose. Men will need understanding, time, and tools with which to work out their salvation. With time to mature emotionally, there will be a need of affection and confidence that comes only from the experience of an unchanging, dependable element in a confusing situation. Who but the family and community can give that to him?

This review has indicated briefly: (1) what a man left, home and his familiar routine; (2) what he experienced, complete reversal of life habits and great uncertainties; (3) what he may expect, emotional and material security.

What then is our responsibility in helping him achieve his expectations of emotional and material security? The recent immediate objective was to speed up war production in all of its phases and to encourage and give adequate performance in all activities related to the total effort in order that peace might be attained. To insure a permanent peace we must now increase our understanding of our country's present position in the world, our relations to other nations, and the implications of these relationships for our present and future progress. But while we seek to achieve these larger purposes, we must not lose sight of the individual whom we wish to serve.

It is essential that we insure careful and intelligent planning in all communities for the returning veterans and their families in order that their special problems and needs shall be met. One central agency should be available to provide information regarding the facilities necessary for the veteran's adjustment in the community, and all existing services should be coordinated to work effectively together. It is urged that necessary procedures be as few and simple as is practicable. Provisions of the "Veterans' Bill of Rights" should be clarified and adequately interpreted in order that the veteran may obtain quickly the benefits to which he is entitled. It is a community responsibility to provide and make available suitable employment possibilities and adequate housing facilities for all of its returning veterans. Existing clinical facilities must be expanded where needed. The men should have the knowledge and assurance that their neighbors and fellow-townsmen eagerly welcome their return to the group and are actively interested in working with them in a common purpose.

Following Pearl Harbor, a program of production so stupendous as to appear impossible of attainment, was presented to this country by the President. Not only was it accomplished, but in many instances it was exceeded. Peace, and demobilization present the country with an even greater challenge to service. The answer we give, will determine, not only the present and future welfare of the returning veteran but that of the entire world for generations to come.

Most of us experienced in social work have had two chances to learn we cannot live apart from the rest of the world and cannot have, as a nation a code of ethics inferior to that to which we aspire as individuals. Will it be recorded to our undying shame that we have failed to grasp this present opportunity and, by our apathy, silence, or neglect of fundamental ethical values, have refused the most profound challenge ever given to any nation? If so, how can we hope to escape complete destruction?

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SOCIAL CONTACTS OF PSYCHIATRIC PATIENTS---SOME PRELIMINARY OBSERVATIONS

BY A. I. RABIN, Ph.D.

Introductory

The social criteria are of major importance in psychiatric diagnosis, in intelligent observation of the patients in the conduct of treatment and in final reeducation and adjustment. The danger, overt as well as potential, which the mentally ill individual spells to members of his immediate environment is one of the major causes of segregation and isolation and subsequent treatment and hospitalization. However, this social criterion is not the only one of major importance in constituting the concept of mental illness. There are many other social aspects of deviation, which may be more subtle and may not be so directly related to the legal aspects of abnormality, but which are of considerable importance nevertheless. They are to be reckoned with in a more detailed analysis of the individual's personality, and in determining the etiology of the disease, as well as in diagnosis and prognosis.

A major aspect related to the problem of diagnosis, etiology and prognosis is the degree of the individual's overt social responsiveness; the extent to which he becomes a member of the social group and the degree to which he initiates social contacts with his fellow-men as well as responds to such contacts initiated by them. This social responsiveness is the touchstone for testing what is more broadly called "contact with, or awareness of reality."

The two major "functional" psychoses differ radically in this respect. On the one hand, dementia præcox or schizophrenia is generally considered a denial of, or withdrawal from, reality, with one of its forms, catatonia the acme and height of such a withdrawal as far as overt manifestations are concerned, while, on the other hand, the manic-depressive psychoses, especially in the manic phase, are examples of excessive "motivation from without" and extreme social responsiveness. True, a schizophrenic withdrawal from reality does not always mean lack of awareness, but it certainly means a low level of social contacts and responsiveness. Then again, the degree of reduced sociability may differ widely with the subtypes of the schizophrenic group. However, withdrawal is considered as one of the significant diagnostic signs for the whole gamut of the "schizophrenias."

Thus, Henderson and Gillespie[1] state that, among other things, schizophrenia involves "an increasing withdrawal of interest from the environment." They further write:

"The peculiar qualities of schizophrenic thinking and behavior generally are dependent principally on four conditions: (1) the schizophrenic turns away from reality (introversion); (2) his thinking is dominated by his complexes, . . . etc." (p. 212) This and many other descriptions are in line with the classical descriptions and traditional view of schizophrenia.

The schizophrenic syndrome is chiefly based on clinical observation, which is largely intuitive and uncontrolled in the scientific sense of the word. Few experiments have been made in the field of social psychiatry in general and in testing the social criteria involved in the schizophrenic syndrome in particular. Little has been done in the field of investigation concerning the later stages of the postacute schizophrenic process, especially from the point of view of social contact and awareness. Psychiatry no longer holds the view of "terminal deterioration" in all spheres, including the social. Here is a broad field of research which, it perhaps should be mentioned in passing, has been touched from one angle by Moreno.[2] However, many gaps, when looking at the problem from different viewpoints, are yet to be bridged.

There has been considerable justification for the tendency on the part of psychiatrists and clinical psychologists to correlate the syndromes of personality disturbance with the characteristics of the "prepsychotic," personalities. The feeling has been—and to some extent this has been substantiated by clinical and empirical data—that a psychosis is an "exaggeration" of certain trends of the previously existing personality. The works of Jung, on the relationship between the patterns of extraversion and introversion and the major functional psychoses, and that of Kretschmer on schizothymic and cyclothymic personalities are too well known to require more than mentioning in this connection. However, in contrast to such studies relating to prepsychotic personality, little has been said about the recuperating patient or about the chronic patient who has become "institutionalized" in a well-protected, kindly and "safe" environment.

The present investigation is concerned with an attempt to make some "controlled" observations of a group of schizophrenic patients and compare them, with respect to their sociability with other chronic patients of a variety of diagnoses. The main questions to be answered are: Are schizophrenics who have passed the acute stage of their psychoses still far out of contact with reality? Do they differ markedly in their overt social behavior from other types of psychiatric conditions? What are some of the characteristics of a spontaneously created "social unit" on a psychiatric ward?

The approach suggested is molecular rather than molar. Small, definable particles of behavior are to be observed in the form of the two following types of contact in the patient population.

Spontaneous contacts are those contacts initiated by the patient involving one or more other individuals. They are bits of overt behavior for which the reason must be sought within and which involve the response of other real individuals. "Contacts" of a hallucinatory-delusional nature are not considered.

Responsive contacts are those overt bits of behavior which come as a direct reaction to the spontaneous initiation of contacts by one or more other individuals in the group.

The method employed is simple and, admittedly, unsophisticated. It is a method of observation of behavior, under controlled conditions, without an attempt to penetrate the underlying dynamics. It is close to an experimental setup of the behavioristic variety. The social aspects of psychiatry are in need of such experimentation, and in need of experimental validation of the symptoms constituting the variety of syndromes.

The Subjects

The experimental group consisted of 18 patients. They were all, at the time of observation, engaged in the hospital industries, they lived on an "open ward" and had ground parole. Four were "ward helpers" (assisting the regular attendants), three worked in the bakery shop, five on the grounds and farm, three in the mattress shop, and the remainder on various food preparation and preservation projects.

All of the patients were "chronic" in the sense that they either had had one or more previous admissions or had passed the acute psychotic stages of their illnesses during which closer supervision was necesary. In the latter case, it was felt that even though the acute stages were terminated, more prolonged stays at the hospital for extended periods of psychiatric observation were advisable.

The diagnostic classifications of the patient population and their ages are summarized in Table 1. Nine patients—half of the total group—were diagnosed as schizophrenic, while the remaining nine are scattered among several diagnostic groups. Most of the patients had one or more periods of remission during which some adjustment to the outside environment was made. Their ages ranged from 25 to 75 and the durations of their illnesses, from one to 26 years. One nonpsychotic court case (P. W.) was included in the group. A prolonged period of psychiatric observation had been deemed advisable for him.

Procedure

Since it was desirable that the observations be carried out unnoticed by the patients, the ward supervisor* of a ward of working patients served as an assistant in the experiment. He was instructed to tally every spontaneous, verbal or physical contact initiated by each of a small group of patients—part of the total ward population. The assistant was personally well acquainted with each one of the patients, so that identification errors could not be made easily. Every responsive contact of each patient in the designated group was also tallied. This "bookkeeping" passed with little notice, because the patients were used to seeing the observer frequently at his desk writing out ward reports.

The observations were carried out daily between the hours of 5 and 6 in the evening over a period of three weeks (except for Sundays). The first group of patients consisted of nine individuals. Since the task of observing nine individuals for one hour appeared extremely difficult, the remaining nine patients were split up into two observational groups of four and five patients. A period of three weeks was devoted to each of these groups.

The hour of 5 to 6 p. m. was considered best for the purpose, since it included a brief supper period (5 to 5:15) with a rest period following. Durthis time, there was usually a spontaneous gathering around the billiard table—in the reading and recreation room. There was not, in reality, a group formation in the true sense of the word, since most patients, though seated in the room, did not necessarily engage in activities involving other individuals.

The data summarized and analyzed in the following paragraphs are based on the observations of the two types of contact (spontaneous and responsive). It may be admitted that the methods employed are rather crude. However, the assumption is that any observation error introduced, remained fairly constant throughout the procedure.

Results

The first step in summarizing the obtained raw data was to get an average number of spontaneous and responsive contacts for each patient for each day (hour 5 to 6 p. m.). The minimum number of contacts in any one period was 0 (zero) in the majority of cases; the maximum ran up to as many as 11. The average findings for each member of the group are summarized in Table 1.

Table 2 shows a comparison between the findings of two major groups—schizophrenic vs. nonschizophrenic. The average number of contacts per

*Mr. Dwight Newell assisted substantially in the project.

TABLE 1. DETAILED DATA ON THE OBSERVED GROUP

No.	Patient	Diagnosis	Age	Mean contacts per observation period	
				Spont.	Respons.
1	E. L.	Schizophrenia, simple	37	4.7	0.3
2	F. B.	Schizophrenia, simple	38	2.6	0.9
3	F. M.	Schizophrenia, simple	39	1.9	1.8
4.	P. O.	Schizophrenia, simple	45	2.4	1.3
5	M. M.	Schizophrenia, paranoid	53	0.6	0.1
6	S. R.	Schizophrenia, paranoid	52	3.9	0.7
7	H. B.	Schizophrenia, hebephrenic	25	0.1	0.1
8	A. L.	Schizophrenia, hebephrenic	49	2.5	0.9
9	J. H.	Schizophrenia, catatonic	55	2.0	0.9
10	H. L.	Manic-depressive, manic	64	4.5	0.7
11	R. S.	Manic-depressive, manic	63	5.9	2.0
12	T. P.	Feebleminded	55	3.7	0.9
13	J. R.	Feebleminded	69	4.1	0.5
14	D. M.	General paresis	56	3.1	0.6
15	V. W.	General paresis	45	4.7	0.7
16	W. V.	Epilepsy	40	0.9	0.5
17	E. M.	Psychoneurosis	42	0.3	0.8
18	P. W.	Without psychosis	75	2.6	0.8

observation period, per patient does not differ markedly in the two groups. While the average of schizophrenic spontaneous contacts is lower than in the nonschizophrenic group, the difference between the averages is small and statistically insignificant. It is also quite evident that the results are similar in respect to the responsive contacts; both groups show the same averages per observation period. No marked differences in the variation of the distribution can be observed.

There is a small positive correlation ($r = .16$) between the number of spontaneous and responsive contacts, but it is not high enough to be conclusive for such a small experimental group. It can be said, however, that there is a tendency for the two types of contact to be directly proportional in the individual patients. A greater number of spontaneous contacts tends to be present where more responsive contacts are observed; and, vice versa, fewer spontaneous contacts tend to entail fewer responsive ones.

Another observation should be made concerning the data. Table 2 shows that the total number of spontaneous, initiating contacts is from three to four times as large as the number of responsive contacts. It appears that only one in every four approaches is responded to. The patient population, on the whole is, therefore, rather egocentric, the individuals expressing their own needs but not responding readily to those of others.

TABLE 2. AVERAGE DAILY CONTACTS (DURING ONE HOUR OF OBSERVATION) OF SCHIZOPHRENIC AND NONSCHIZOPHRENIC PATIENTS

Group	Spontaneous		Responsive		Spon. Range	Resp. Range
	Mean	Standard deviation	Mean	Standard deviation		
Schizophrenic	2.3	1.4	.8	.17	.1-4.7	.1-1.8
Others	3.3	1.6	.8	.14	.3-5.9	.2- .9

Difference not reliable; CR (Critical Ratio) = .5

Table 3 exhibits the data from a different point of view. The patient group was subdivided into two separate classes with respect to the durations of their psychiatric conditions. The nine (half of the total group) patients in whom the durations of illness were longest were compared with those with the shortest durations (the nine remaining patients). Here, again, it is readily seen that no significant differences in their sociability, as expressed by the average spontaneous and responsive contacts, can be found. The differentiation is even less marked than between the diagnostic groupings in Table 2.

TABLE 3. A COMPARISON OF DAILY CONTACTS BETWEEN THE "LONG DURATION" AND THE "SHORT DURATION" PATIENTS

Average duration of illness	Average spontaneous contacts	Average responsive contacts	N
20.4 years	2.90	.79	9
6.1 years	2.72	.84	9

It must be observed, therefore, that in this spontaneously-formed group of chronic patients, there is a leveling process in the degree of sociability. The schizophrenic patients whose withdrawal is a major characteristic in diagnosis are functioning socially, from a quantitative point of view, on the same level as other patients. It should be further noted, however, that the two manic patients included in the nonschizophrenic group showed a markedly higher level of sociability with averages of spontaneous contacts of 4.5 and 5.9, and responsive contacts of .7 and 2.0, respectively (See Table 1).

The small numbers involved and the lack of outstanding differences upon inspection of the data do not justify any conclusions regarding the several subtypes of schizophrenia.

Summary and Conclusions

Eighteen psychiatric patients were observed on a chronic ward over a period of three weeks (18 days) during the same hour daily (5 to 6 p. m.). They were observed in three different groups in order to facilitate the recording of individual activities when each patient is one of a few observed. The spontaneous, initiating contacts and the responsive contacts of each patient were carefully recorded. The raw data was quantitatively analyzed, yielding the following conclusions:

1. The average number of contacts during the observation period for each patient is between three and four. There are wide individual variations in this respect.

2. Only one responsive contact to about every four spontaneous contacts was noted. This fact is apparently due to the patients' egocentric need for self-expression and lack of need to respond to others.

3. The amount of spontaneous contacts present in the patients tends to correlate positively with the relative amount of responsive contacts.

4. No marked or significant quantitative differences in degrees of sociability, as expressed by the numbers of contacts, were discovered between the schizophrenic and nonschizophrenic patients. However, the two manics observed show comparatively high ratings, especially in spontaneous contact.

5. In a spontaneously-formed group of chronic patients, there tends to be a leveling in respect to the degree of sociability. Duration of illness is apparently not a factor in affecting this characteristic.

6. More intensive objective studies in social psychiatry, similar to the one described herein, may yield more scientific data for a reclassification of psychiatric disorders, based on a more inductive method than is used at present.

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REVIEW OF LEGISLATION OF THE YEAR 1945

BY ROBERT P. RICKARDS AND PAUL O. KOMORA

The 1945 session of the Legislature was a most productive one. Of the 1,272 bills passed, 911 were approved by the Governor, compared with 1,179 bills passed and 796 signed last year, and with 1,016 bills passed and 712 signed in 1943. This upward trend is indicated also by the increase in volume of legislation proposed since the present administration took office. The 1945 Legislature considered a total of 4,337 bills; 1,981 in the Senate and 2,356 in the Assembly. This marks an increase of 545 over the 3,792 bills introduced in the 1944 Legislature, and 743 over the 3,594 bills introduced in 1943.

The Department of Mental Hygiene was directly or indirectly interested in not a few of the bills which became law. Among the most important measures in which the Department had a vital stake were those relating to service for returning veterans, the vocational rehabilitation of the mentally handicapped (including veterans), the treatment, control and prevention of crime and delinquency, basic revisions of the Feld-Hamilton career law, and various other civil service measures. A noteworthy addition to the regular appropriation bills for the Department was the supplemental appropriation of sums aggregating over $29,000,000 for capital outlays, largely for the Department's postwar building program.

In addition, 25 bills were introduced at the request of the Department. Of these, 16 were signed by the Governor, eight were vetoed, and one was held in committee. These measures dealt, for the most part, with practical issues involved in the improved operation of the Mental Hygiene Law in several of its aspects and the advancement of the Department's aims toward better care and treatment of its patients and the attainment of immediate and long-range objectives in the progressive development of its broad program. Some, for example, made corrections in amendments enacted last year, as in the matter of certain certification procedures, wherein a few of the changes effected were later found to be impractical or unworkable. Other bills sought to correct deficiencies in the Mental Hygiene Law that hampered proper functioning in one phase or another of institutional or departmental administration; or to clarify some technical, professional or administrative procedure. Others represented new developments, such as provisions for the establishment of "medical centers" in the Department for special medical or surgical treatment, for the operation of community stores and cafeterias in institutions for the benefit of patients, personnel and visitors, etc.

Following is a summary of the bills which were enacted into law, with comments on certain bills that were vetoed or failed to pass, including some which the Department had opposed. The bills are classified and presented, in general, under the same headings as used in reviews of previous years.

Appropriations

The Department budget submitted to the Legislature by the Governor was passed and became Chapter 100, Laws of 1945. Supplemental appropriations contained in Chapters 103, 105 and 300, Laws of 1945, brought the total appropriations for the new fiscal year to $78,320,669, an increase of $32,177,492 over last year's appropriations.

Appropriations for personal service amount to $30,266,260. There is also an item of $25,000 reappropriated to "pay to employees subsequently found to have been improperly classified on October 1, 1943, the salary to which they would have been entitled on that date had they been properly classified."

Appropriations for maintenance and operation, which amount to $16,556,439, were based upon an estimated institutional population of 91,730: State hospitals, 74,000; State schools and Craig Colony, 17,730. (See Governor's 1945-6 budget, Vol. 1, p. 308.) This is an increase of 2,155 over the population estimate used for the 1944-45 appropriations. There is a decrease of $141,016 in regular appropriations for maintenance and operation, but appropriations for "equipment additional" are made in a lump sum of $1,108,290 for the Department and its institutions; also appropriations for special repairs, formerly included in maintenance, are provided in Section 8 of Chapter 103 and Section 13 of Chapter 300, amounting to $492,945. There is also an item of $508,000, provided by Chapter 100, to supplement maintenance and operation funds of all institutions.

Appropriations for capital outlays total $29,210,925, of which $26,358,780 becomes available on certificate of the Director of the Budget for postwar construction.

Chapter 105 provides $972 for Creedmoor State Hospital for liabilities incurred prior to April 1, 1944.

The usual appropriation of $669,783 was made for the Hospital Retirement Fund.

Chapter 100 provides $400,000 for payment of salary differentials, pursuant to Section 245 of the Military Law, for State employees in the military or naval forces of the United States.

Chapter 239 continues the Postwar Planning Commission to July 1, 1946, and authorizes the Commission to accept grants, loans or advances

from the Federal Government for construction purposes, and to enter into appropriate agreements therefor.

Chapter 119 amends the Finance Law to regulate the appropriation of moneys from the postwar reconstruction fund; such moneys to be available for the construction and reconstruction of State projects or improvements, for equipment for all State departments and agencies, and for payment by the State, as an advance, of the share of the cost of any such project contributed by the Federal Government.

Chapter 159 authorizes additional war emergency compensation for State officers and employees to meet the increased cost of living at rates fixed according to a graduated scale, running from 20 per cent to 10 per cent. This extra pay may not be counted toward pension or retirement benefits.

Chapter 160 continues to April 1, 1946, the Act of 1943 making $1,200 the minimum salary in the State service, and authorizes the payment of annual increments in the fiscal year beginning April 1, 1945, for employees appointed prior to October 1, 1944.

Chapter 765 amends the Labor Law to provide that during the fiscal year beginning April 1, 1944 and during succeeding fiscal years, institution employees who do not get time off for any holiday, pass day or vacation period be entitled to overtime pay for such accumulated time within seven months after the end of such fiscal year, unless equivalent time off is allowed during the following five-month period.

Chapter 67 continues to April 1, 1946 the provision for overtime employment, with pay, in State institutions, for each position in which a vacancy exists.

Mental Hygiene

Chapter 763 amends the Executive Law to set up a State-wide system of veterans' services, to create in the Executive Department a division of veterans' affairs, and to provide for a commission on veterans' affairs to assist in the formulation of policy. The Department of Mental Hygiene will participate in this extensive program, with special reference to mentally disabled veterans, and Commissioner MacCurdy is one of the department heads who are members of the commission.

Chapter 871 amends certain provisions of the Mental Hygiene Law governing the admission of patients to mental institutions. It eliminates the requirement that notice be given to the Department in applications for the certification of patients, and extends to medical officers designated by them the authority of institution directors to certify the need for continued care beyond the 60-day observation period. These amendments take effect July 1, 1945.

Chapter 511 amends the Mental Hygiene Law to reduce the period of detention after emergency admission to mental institutions from 60 days to 10 days, from and inclusive of the date of the medical certificate. This is a necessary correction of the present law in order to bring the provisions of Section 75 into line with those of Section 70, and to validate the emergency admission should it be deemed necessary that a patient be certified by a court of record. This amendent takes effect July 1, 1945.

Chapter 450 amends the Mental Hygiene Law to regulate the admission of persons who do not object to institutional care and treatment, on the certificate of one physician in the case of the mentally ill, and on the certificate of one physician or one psychologist in the case of the mentally defective. Such patients may not be detained in the institution more than 60 days, after written request by the patient or anyone in his behalf for release, unless the institution director certifies to the need of further detention. In such cases, under this amendment, due notice of certification must be given in the same manner as in procedures for court certification. This is a constitutional requirement and the amended procedure thus affords the patient full protection.

Chapter 333 repeals Section 14 of Chapter 666, Laws of 1944, which amended subdivision 8 of Section 32 of the Mental Hygiene Law in certain respects, all of which amendments were also made by Chapter 657, Laws of 1944, amending the entire Section 32. This enactment was recommended by the Law Revision Commission to correct an error in previous legislation.

Chapter 888 amends the Education Law to remove the limitation under which only the physically handicapped were entitled to vocational rehabilitation. The Education Department may thus avail itself of grants-in-aid from the Federal Government to State rehabilitation authorities for the vocational rehabilitation of the mentally handicapped, and psychiatric cases are now included among beneficiaries of both the Federal and State laws if, through psychiatric examinations, "the commissioner of education is satisfied that such persons are susceptible of rehabilitation." The amendment covers also epileptics who were previously excluded from the benefits of these laws. It permits the Education Department to secure the services of psychiatrists and psychologists or to contract with the Department of Mental Hygiene for such services. The Commissioner of Mental Hygiene is made a member of the Advisory Commission.

Chapter 203 amends the Mental Hygiene Law to authorize the Commissioner of Mental Hygiene to establish in any mental hygiene institution a medical center to provide treatment for special medical or surgical needs

of patients. Any patient requiring such treatment may be transferred to a medical center for this purpose and be returned to the same or another institution of the Department after treatment. These centers will serve the mentally ill, the mentally defective and epileptics.

Chapter 681 amends the Mental Hygiene Law to provide for information to be furnished by banking organizations, insurance companies and others in proceedings to compel payment of maintenance costs. This amendment makes it possible to accept from such sources certified statements of earnings or income, or of any funds of patients or persons legally liable for the support of patients, and thus obviates the necessity for producing such records in court upon subpoena. Such statements would be admissible in evidence.

Chapter 449 amends the Mental Hygiene Law to require institution directors to send information to the Department regarding the transfer, discharge or death of patients in accordance with rules and regulations and upon forms prescribed by the Commissioner. It removes from the law the stipulation as to time limits.

Chapter 406 amends the Mental Hygiene Law by changing the title of heads of institutions from "Superintendent" to "Director" and abolishing the distinction between those in charge of State hospitals and those in charge of State schools, with respect to their professional qualifications for appointment.

Chapter 404 amends the Finance Law to permit use for institutional purposes of the proceeds derived from the operation of community stores or cafeterias, instead of having to pay them to the State Treasurer.

Chapter 405 amends the Mental Hygiene Law to authorize institution directors, with approval by the Commissioner and the State Comptroller, to provide space in any building not in use for institutional purposes for the operation of a community store or a cafeteria for the benefit of patients, personnel or visitors.

Chapter 470 amends the Finance Law to authorize the Comptroller to examine claims for personal property damaged by institution patients up to an amount of $150. This will avoid the involved and expensive litigation heretofore necessary in the audit of minor claims under the jurisdiction of the Court of Claims.

Chapter 518 amends the Mental Hygiene Law by changing the title of "Steward" to " Business Officer."

Chapter 243 amends the Mental Hygiene Law to regulate the method of payment of salaries of officers and employees of institutions and deductions therefrom for food supplies allowed at established rates. It permits offi-

cers or employees of an institution to live outside the institution if the director so recommends, subject to the Commissioner's approval, and makes Section 36 conform to certain sections of the Civil Service Law which give the Director of the Budget the authority to fix rates for living quarters at institutions.

Chapter 729 amends the Mental Hygiene Law to require fingerprinting and photographing of patients upon admission to institutions. It is intended to strengthen the means of identifying patients who may elope and to make positive identification on all occasions, including situations that may arise in the deaths of two patients with identical names. Such records are confidential and would be available to public agencies only upon court order.

Chapter 790 empowers and directs the State land office commissioners to convey to the Fairview fire district in Poughkeepsie certain State lands in return for voluntary fire fighting service to the Hudson River State Hospital.

Chapter 458 amends the Mental Hygiene Law to permit institution directors to make arrangements with local authorities for mutual assistance in fire-fighting. The purpose of this amendment is to bring under the Workmen's Compensation Law injuries suffered by employees of mental hygiene institutions while employed in fighting fires off the institution premises.

Chapter 686 amends the Domestic Relations Law to provide that in actions by poor persons for the annulment of marriage on the ground of incurable insanity, the patient may be examined by three qualified examiners of the Department of Mental Hygiene. The examination is to be made without cost to the plaintiff and the examiners are not required to appear in court but may give their testimony by deposition. The examiners appointed by the court may be members of the resident staff of any State hospital whether or not the insane spouse is confined therein.

Among Mental Hygiene Department "program" bills vetoed by the Governor were the following:

Assembly Bill Int. 1830, Print 2449, would have amended the Mental Hygiene Law to give to members of the State Hospital Retirement System the same options as are available to members of the State Employees' Retirement System.

Senate Bill Int. 1227, Print 2129, would have amended the Mental Hygiene Law to clarify the authorization for family care placement of patients and to allow repayment direct to family caretakers of moneys received in reimbursement for maintenance.

Senate Bill Int. 1233, Print 2125, proposed to amend the Mental Hygiene Law by renaming the Bureau of Special Examinations as the "Bureau of Medical Inspection" and designating an assistant commissioner as its head.

Assembly Bill Int. 1392, Print 1512, would have repealed certain obsolete provisions of the Mental Hygiene Law relating to the deposit of moneys received "from the comptroller on account of estimates."

Assembly Bill Int. 1403, Print 1523, proposed to amend the Mental Hygiene Law to empower institution treasurers to dispose of securities acquired in reimbursement for the care of patients.

Senate Bill Int. 1235, Print 2127, would have amended the Mental Hygiene Law to provide that funds belonging to patients need not be segregated nor interest thereon credited to the individual patient. Instead, a ledger account was to be maintained showing the amount of cash received and credited to the account of the respective patients, while the accrued interest was to be used for the welfare of all patients.

Senate Bill Int. 1214, Print 1312, would have amended the Mental Hygiene Law to exempt from payment to the State Treasurer the interest accruing on general accounts of mental hygiene institutions.

Most of these bills were vetoed because of technicalities, questions of fiscal policy, or imperfections in drafting which call for restudy of the measures before their reintroduction in the next Legislature in amended form.

Among measures which the Department opposed and which failed of passage were:

Assembly Bill Int. 1971, Print 2182, which proposed to set up a Temporary State Commission to make studies and recommendations with respect to the care and treatment of delinquent, mentally ill and mentally deficient children. The bill was based on the premise that the capacity of existing institutions was insufficient to care for such children and it sought to determine the extent to which additional facilities were required. The need of more adequate facilities for mentally handicapped children was acknowledged but it was felt that this legislation was unnecessary since the recognized need had been taken into account in the program of the Department of Mental Hygiene and in the Governor's program for juvenile delinquency, based on recent reports of the Interdepartmental Committee on Delinquency.

Senate Bill Int. 1328, Print 1433, which proposed to create a Temporary State Commission to investigate the causes underlying the mounting incidence of mental disorders and to submit recommendations to combat such increase. The Department regarded this proposal as unnecessary in view of the recently completed studies of the Temporary Commission on State

Hospital Problems along these lines. Many recommendations of that body have been adopted and the program of the Department, based on these studies and those of the Moreland Act Commission, contemplates progressively expanding activities in treatment, research and preventive work designed to attain the objectives of this bill.

Senate Bill Int. 746, Print 762, which would have amended the Mental Hygiene Law to permit patients in institutions to communicate with relatives or friends and to provide for "reasonable visitation" of patients by them, would have made those in charge of patients liable for treble damages for violations of such provisions. The Department opposed this bill, as it did a similar bill vetoed last year, on the ground that patients are generally permitted to communicate with relatives and friends and to be visited whenever their condition makes this possible, and that the physician or institution director should not be penalized if he exercised his judgment for the benefit of the patient.

Social Welfare

Chapter 556 authorizes the establishment, operation and maintenance of youth bureaus to combat juvenile delinquency on a State-aid basis, and creates a Temporary State Commission to assist local agencies in this work. It implements the program recommended to the Governor by the Interdepartmental Committee on Delinquency. The Commissioners of Correction, Education, Mental Hygiene and Social Welfare are members of the commission.

Chapter 557 supplements this legislation by amending the General Municipal Law to authorize local governments to set up youth agencies under the State-wide program for the control of juvenile delinquency.

Chapter 555 amends the Social Welfare Law to authorize the establishment of temporary branches of the State training schools in order to provide additional facilities for the care and treatment of juvenile delinquents.

Chapter 552 amends the Social Welfare Law to authorize superintendents of all State training schools to pay for the care of children paroled from such schools, under institutional or boarding care or in private placement, when there is no fit parent, relative, guardian or friend to whom the child can be paroled and suitable care cannot otherwise be provided. This formerly applied only to the New York State Training School for Boys.

Chapter 553 amends the Social Welfare Law and the Correction Law to authorize interdepartmental transfers of inmates under the age of 21 among institutions in the Departments of Social Welfare, Correction and Mental Hygiene.

Correction and Penal

Chapter 873 amends the New York City Criminal Courts Act to change the procedure in the Wayward Minor Court for Girls. If a girl is brought before the court charged with being a wayward minor and it appears at any time to the magistrate that a physical or mental examination is necessary, he may remand the girl to be examined by the Department of Hospitals in New York City; and, if qualified psychiatrists find that she is a mental defective, he may commit her to a State school for mental defectives.

Chapter 874 amends the Mental Hygiene Law to establish a procedure for the transfer of dangerous mental defectives from mental hygiene institutions to institutions for defective delinquents in the Department of Correction.

Chapter 554 amends the Correction Law to provide for the commitment, classification and confinement of male offenders between the ages of 16 and 21. It establishes a reception center at Elmira Reformatory or elsewhere for the classification and study of such offenders who have been sentenced to imprisonment in a State correctional institution. It also provides that an offender committed to the reception center who is found mentally defective may be transferred to either Napanoch or Woodbourne.

Chapter 678 amends the Correction Law to provide for the unification under the State Parole Board of all parole systems in the institutions of the Department of Correction and limits sentences to Elmira Reformatory to five years. This amendment is effective July 1, 1945.

Civil Service

Chapter 302 amends the Civil Service Law by adding sections 37, 38, 39 and 45, by repealing section 40 and substituting a new section 40, and by amending sections 41, 42, 47 and 48-a. It makes radical changes in the classification and salary allocation provisions of the law, among them; creating a permanent Salary Standardization Division and Board in the Civil Service Department; eliminating Feld-Hamilton salary grades having minimum salaries of less than $1,200 and altering salary grades in certain services; permitting the Salary Board, with approval by the Budget Director, to increase the minimum salary of a position by one or two increment steps whenever the Civil Service Commission shall certify that it is impracticable to recruit for a position at its then minimum salary; providing that the Budget Director may authorize an increase in compensation not to exceed 10 per cent for an employee assigned more hazardous or arduous duties than those normally performed by an employee in the same title; providing that the Classification Board may, until December 1, 1946, sub-

ject to approval by the Civil Service Commission and without examination, allocate to an appropriate title the position of any employee not heretofore classified under a standard title, if such employee has been satisfactorily performing the duties of such position for at least one year prior to such allocation; and providing that the Budget Director, when he approves new salary allocations or new titles, may make them effective at any time prior to the first day of the ensuing fiscal year.

Chapter 413 amends section 41 of the Civil Service Law to extend the existing provisions with respect to compensation in cases of demotion, to appointments, transfers and reinstatements in lower grade positions. It also provides that an employee who has been occupying a nonallocated position for a year or more shall, upon appointment, transfer or promotion to an allocated position, receive the same salary as in his former position, but not to exceed the maximum salary of his new position, and shall be credited with the number of years of service in the new position that corresponds with such salary. A similar provision is made for employees who have been under temporary appointment.

Chapter 725 amends the Civil Service Law to provide that employees in the competitive class who have resigned and who have been reinstated within a year shall be deemed to have continuous service.

Chapter 671 amends the Civil Service Law to provide that no credit in a promotion examination may be given for time served as a provisional appointee, but such provisional service shall count in an individual's permanent position.

Chapter 46 amends the Civil Service Law to extend the provision prohibiting removal of veterans from the public service, except for misconduct or incompetency, to honorably discharged veterans of World War II as well as to veterans of World War I.

Chapter 628 amends section 246 of the Military Law to provide that an employee absent on military duty shall be credited with the average of the efficiency ratings received for three years immediately prior to such absence, but such rating shall not be less than a passing grade for the period of such absence, nor less than the rating which he received for the period immediately prior to his absence on military duty.

Chapter 493 amends section 246 of the Military Law to provide that employees disabled in military service who are unable to work in their former positions may be transferred to other vacant positions for which they are qualified at the same salaries as in their original positions.

Chapter 485 amends section 246 of the Military Law to give the Civil Service Commission jurisdiction to determine the existence and termina-

tion of temporary war-incurred disabilities of employees returning from military service.

Chapter 215 amends section 246 of the Military Law to extend from 60 days to 90 days the period during which a returning veteran may apply for reinstatement, for special eligible list status, and for military reemployment list status.

Chapter 137 continues to July 1, 1946, the provisions of section 246 of the Military Law defining as military duty "service with the American Red Cross while with the armed forces of the United States on foreign service."

Chapter 397 amends section 246 of the Military Law to clarify the meaning of "Merchant Marine Service" with reference to service covered by the definition of military duty and makes the amendments retroactive to April 28, 1941.

Chapter 487 extends the benefits of section 246 of the Military Law to cover employees in the United States Coast Guard Temporary Reserve, with reference to their civil service rights and privileges while absent on ordered military duty.

Chapter 577 amends the Labor Law by eliminating the requirement of five years of service as a condition for per diem employees in the competitive, noncompetitive or labor class receiving sick leave with pay of not more than 30 days in each year.

The Legislature also passed the Sherman Bill (Assembly Int. 733, Print 749) proposing an amendment to the Constitution, to be submitted to the voters at the general election in 1945, which would continue the present preference in original and promotion appointments to disabled veterans and would provide a secondary preference to nondisabled veterans for a five-year period after release from military service. It would also give permanent preference in retention in office when positions are abolished to disabled veterans and a secondary permanent preference to nondisabled veterans.

Among civil service bills vetoed by the Governor were the following:

Senate Bill Int. 6, Print 6, which would have amended the Civil Service Law to give employees in the classified civil service leaves of absence for war work ordered under Federal laws and to preserve their civil service rights and privileges during such leaves.

Assembly Bill Int. 1915, Print 2123, which would have amended the Military Law to extend civil service rights to employees commissioned as officers in the United States Public Health Service.

Assembly Bill Int. 573, Print 581, which would have amended the Civil Service Law to dispense with the requirement that an applicant for a civil service examination disclose in advance whether or not he is a disabled veteran claiming preference.

Pensions

Chapter 784 provides protection to employees in State institutions who were adversely affected in their pension rights when a reduction in the value of their maintenance accompanied the extension of the Feld-Hamilton law to the institutional service.

Medical Practice

Chapter 40 continues to July 1, 1946, a war emergency measure authorizing the renewal of professional licenses and registrations without examination for veterans applying within three months after leaving military service.

Chapter 313 postpones to July 1, 1946, the effective date for amendments to the Education Law (section 1262) made by Chapter 761, Laws of 1940, to permit the practice of medicine in hospitals by physicians and internes with certain minimum educational qualifications who are not eligible to be licensed.

Claims

Assembly Bill Int. 1039, Print 1100, would have authorized the Court of Claims to hear the claims of certain employees of Rome State School for overtime services. This bill was vetoed.

Miscellaneous

Chapter 648 continues the State War Emergency Act to July 1, 1946, with power to expand, consolidate, curtail or abolish offices, positions, functions and duties whenever the Council deems it advisable.

Chapter 255 extends the life of the Legislative Commission on a Long Range Health Program better known as the Health Preparedness Commission, for another year and appropriates $40,000 for its work.

Chapter 5 continues to February 15, 1946, the Temporary State Commission created in 1944 to study the problem of better provision and distribution of medical care. The Commissioners of Health, Social Welfare and Mental Hygiene are ex-officio members.

Chapter 735 amends the Executive Law providing that the compilation of codes, rules and regulations of the various State departments and agencies (except those relating solely to organization and internal manage-

ment), as made by the Secretary of State, shall establish the codes, rules and regulations in force on January 1, 1945; the new additions to such compilation to be in effect on January 1 of the year in which such new additions are published.

Chapter 387 makes provision for the maintenance and repair of roads and driveways on State institution property through the Department of Public Works and makes an appropriation for that purpose.

Chapter 155 continues to July 1, 1946, the suspension of the prohibition in the Agriculture and Markets Law on the purchase of butterine or oleomargarine.

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CIVIL SERVICE APPOINTING PROCEDURE*

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Any discussion of the appointing procedure for the various types of civil service positions necessarily involves a characterization of each of the types of appointments that are made. From the standpoint of reporting the appointment to the Civil Service Commission, there are certain fundamental steps involved common to all appointments. The "reporting" part of the procedure will, therefore, be outlined first, with identification of the forms used, followed by a review of the different categories of appointments specified in the Civil Service Law and Rules.

Reporting

Section 19 of the Civil Service Law contains the requirement that each appointing officer shall report to the Civil Service Commission each appointment to the classified service, giving the name of the appointee, the title of the position to which appointment is made, date that the appointment is effective, the salary or compensation of the appointment, and the character of the appointment, that is, whether temporary, permanent, seasonal, provisional, etc. A form is provided by the Civil Service Commission for making this report, and is known as Form CS 26-A. Its companion form, Form CS 26-B, is used for reporting personnel changes other than appointments and it is mentioned here only to identify it and its position in the complete reporting procedure (see Civil Service Rule XX).

For appointments to positions in the noncompetitive class and for appointments to positions in the competitive class, except those made from eligible lists, the appointing officer must execute and submit to the Civil Service Commission a form (Form 24) nominating the person selected for appointment. In addition, an application blank, filled out by the nominee, must be submitted by the appointing officer with his nomination. These forms may not be required under certain conditions in making some types of competitive class appointments and these exceptions will be noted later on in discussing the specific type of appointment. Where application and nomination forms are required, and they are in the majority of cases, they should be filed together.

For some types of positions it may be necessary to obtain approval from the Division of the Budget to fill the vacancy. The appointing officer will have been informed directly by the budget division where such approvals

*Read at the Bimonthly Conference of the New York State Department of Mental Hygiene, at Albany, February 21, 1945.

are required; and in those cases where they are, a copy of the approval certificate should be submitted together with the civil service forms mentioned previously.

The material, then, which must be forwarded in reporting an appointment to the Civil Service Commission is:

1. Form CS 26-A.
2. Nomination (Form 24) and application (Form E 10 or E 10-A) of the nominee.
3. Budget approval certificate, where such approval is required by the division of the budget.

It is of vital importance that this material be submitted promptly, together, and in advance of the payroll or estimate on which the name of the nominee appears.

For all appointments, except those made from eligible lists or under Civil Service Rule VIII-9, the appointing officer will be notified on Form E-1 by the Civil Service Commission of the action taken on each person nominated by him.

So much then for the paper work common to the majority of appointments. To interpret the appointment procedure in terms of specific application, the various types of appointments that are possible with reference to the nature and character of the appointment and the position being filled will now be reviewed.

Exempt Class Positions

Positions which the Civil Service Commission deems it impractical to fill by either competitive or noncompetitive examinations are classified as "exempt." This class of positions is defined in Section 13 of the Civil Service Law, and the positions which are so classified are listed in Civil Service Rule V.

For an appointment to be made to the exempt class, the position being filled must be specifically listed in Rule V. The Civil Service Commission also limits the number of appointments that can be made to a specifically-titled position in the exempt class. This limitation is generally one concurrent appointment, unless an additional number is indicated opposite the particular title.

In the State service all unskilled laborers, and such skilled laborers as are not included in the competitive or noncompetitive classes, are classified in the exempt class.

All that is necessary in reporting an appointment made to a position in the exempt class is for the appointing officer to submit Form CS 26-A, and budget approval, where required, to the Civil Service Commission. How-

ever, he must be sure that the position being filled is listed as exempt in Rule V and, in the case of unskilled laborers, that the duties of the position are actually of a laboring nature. In this latter instance, if there is any question as to the nature of the position, based on the title and salary paid, the appointing officer may be requested by the Civil Service Commission to submit a description of the duties of the position.

Noncompetitive Class Positions

Positions which the Civil Service Commission deems it impractical to fill by competitive examinations are classified as "non-competitive." This class of positions is defined in Section 17 of the Civil Service Law and the positions which are so classified are listed in Civil Service Rule XVIII.

As in the case of the exempt class, a position must be specifically listed as being classified as noncompetitive before an appointment can be made to it. In some cases there are specific limitations as to the number of concurrent appointments that can be made to such a position and the number of such appointments is indicated opposite the title of the particular position in Rule XVIII.

Whereas no examinations are required of persons appointed to exempt class positions, they are required of persons appointed to noncompetitive class positions. These examinations are generally unwritten and differ from competitive examinations in that no actual numerical evaluation is made. The examination in the majority of cases involves only a review of the qualifications as given on the application of the person selected for appointment, to determine whether he possesses the qualifications required for the particular position.

In reporting the appointment of a person to a position in the noncompetitive class, the appointing officer must submit the following material to the Civil Service Commission:

1. Form CS 26-A.
2. Nomination for appointment and the application of the nominee (Form E 10-A).
3. Budget approval certificate, where required.

To simplify the material required for this type of appointment, a special application blank (Form E 10-A) was placed in use a short time ago. This combines the appointing officer's nomination and the nominee's application into one form and requires the submission of only that information which is essential in establishing the nominee's eligibility for the appointment.

There is one important item that the writer wishes to stress in reviewing noncompetitive appointments and that is this—if the person who is selected for appointment is already employed permanently in a *competitive* class

position, it is necessary for the nominee to sign a statement indicating his knowledge that he is forfeiting or surrendering his status in the competitive class. This statement is included just below the nomination portion of Form E 10-A, and it must be signed by the nominee where the circumstances just mentioned apply. In forfeiting competitive class status, the nominee becomes ineligible for promotion to positions in the competitive class. Oftentimes it is only after a person, who has forfeited such status, files an application to compete in a competitive promotion examination and is disapproved, that he realizes the significance of the forfeiture. If this aspect is clearly understood by both the appointing officer and the nominee at the outset, considerable eventual difficulty will be avoided.

When Forms CS 26-A and E 10-A are received in the Civil Service Department, this material is first checked to determine if the position is listed as noncompetitive in Civil Service Rule XVIII and whether the salary being paid is in accordance with the Feld-Hamilton salary schedule for the position. The nominee's application is then examined, and if his qualifications fit him for the duties to be performed in the position, he is approved as eligible for appointment. At the same time, a payroll roster card is prepared for the person appointed so that proper certification may be made of his name on the payroll or estimate when it is received. For this reason, it is vital that material relating to the appointment be submitted in advance of the payroll otherwise it is not possible to certify the appointee promptly, with the result that here may be a delay in payment for his services.

There is one other point that should be mentioned with respect to the qualifications of persons appointed to noncompetitive class positions. The Civil Service Commission recognizes that during the present emergency it is not always possible for appointing officers to obtain persons who possess all of the qualifications, with respect to training and experience, which would ordinarily be required to insure satisfactory performance in the particular job. Under present conditions, we all are faced with the proposition of doing the best we can with the manpower available. Accordingly, in those cases where the nominee has not possessed the minimum qualifications for a position, his appointment has been approved only for the duration of the war plus six months. The Form E-I which is sent to the appointing officer indicates this limited or temporary approval in those instances where it is given. Some appointing officers have misunderstood this action by the Civil Service Department, and for purposes of further clarification, it is mentioned now. Incidentally, if the person so appointed proves satisfactory in the job, he may eventually be renominated for permanent appointment at such time as the appointee has gained sufficient

experience to qualify him for such appointment. Experience gained in duration employment in a noncompetitive class position will be considered by the Civil Service Commission as qualifying experience.

Competitive Class Appointments

The majority of questions on procedure that arise in connection with appointments to the competitive class seem to be in the case of temporary appointments, not made from eligible lists. For that reason, the writer is not going to review, to any extent, at least, permanent or temporary appointments made from eligible lists.

From the standpoint of reports which are required from appointing officers to the Civil Service Commission in making an appointment from a list, it is important that the following material be submitted promptly:

1. Report of canvass of the names certified to you by the Civil Service Commission.
2. Form CS 26-A.
3. Budget approval certificate, where required.

All of this material should be submitted together to the Civil Service Commission so that a record of the appointment may be properly established in the Civil Service Department to insure prompt certification of the payroll of the appointee.

TEMPORARY APPOINTMENTS—PROVISIONAL

When there are urgent reasons for filling a vacancy in any position in the competitive class, and there is no available eligible list containing three or more names, Civil Service Rule VIII-4 permits the appointing officer to nominate a person of his own selection to serve provisionally in the vacancy pending the establishment of an eligible list. Such a provisional appointment presumes, of course, that the vacant position is a permanent one for which there will be a continuing need. The person selected may serve provisionally in the position until 20 days after the appointing officer has been notified by the Civil Service Commission that an eligible list has been established for the position. In any case, the appointment may not continue longer than six months. (See Section 15 of the Civil Service Law, as amended.)

In provisional appointments, the nominee is expected to have sufficient training and experience to meet the minimum requirements set for the position. If he does not fully meet them and the Civil Service Commission is convinced that the appointing officer is unable to find a fully qualified person to serve in the position until a list is established, the provisional nom-

inee may be allowed to serve under Civil Service Rule VIII-9 but he is *not* eligible to compete in the examination which is held to establish an eligible list for the position.

In making a provisional appointment pending a *promotion* examination and its resulting eligible list, the appointing officer may nominate a qualified person who is employed either within or outside the service. It should be noted, however, that in the latter case the outsider would not be eligible to compete in the promotion examination. The same is true if the provisional nominee is employed in the noncompetitive or exempt classes. The basic requirement for eligibility for promotion is employment, on a permanent basis, in a competitive class position.

If a permanent employee with competitive status in the department or institution is nominated, the Civil Service rules require the appointing officer to give the employee written assurance that his regular position will be held available in the event that he fails to obtain the promotion. Space is provided on the nomination (Form 24) for the appointing officer to make his statement regarding the availability of the nominee's old job. In the case of a provisional promotion, this portion of the nomination must be executed by the appointing officer.

TEMPORARY APPOINTMENTS—RULE VIII-9

Civil Service Rule VIII, Subdivision 9, is probably the most misunderstood rule of the Civil Service Commission.

In substance, the rule provides that the Civil Service Commission, within limitations, may except from examination: (a) any person who shall render professional, scientific, technical or other expert service of an *occasional* and *exceptional* character; or (b) any person who shall render services for which, because of their temporary and exceptional character, it would not be practicable to hold an examination. It is well to note that both parts of this rule contemplate employment of only short duration.

The second part of the rule is used most frequently. There are many instances in employment operations where it becomes necessary to make short term appointments, such as during peak load periods, during vacations, for special studies, etc., where no eligible lists are available and where it would be impractical to hold competitive examinations simply for filling these miscellaneous temporary vacancies.

The first part of the rule applies largely to the employment of consultants, or persons performing similar services.

In using either part of the rule, it is generally necessary for the appointing officer to submit a nomination (Form 24) and the application of the nominee. In any case, the appointment must be reported on Form CS 26-A.

Regardless of which part of the rule is used, the nominee must possess training and experience which would, in the opinion of the Civil Service Commission, qualify him to perform the duties of the position in which he is to be employed.

TEMPORARY APPOINTMENTS—RULE VIII-6

When the need for the temporary appointment of a qualified person exists and there is an appropriate eligible list in existence, Civil Service Rule VIII, Subdivision 6, provides for the use of the eligible list in the following manner:

1. When the appointment is for a temporary period *not to exceed one month,* the appointing officer may select any person on the eligible list without regard to his standing on the list.

2. When a position is vacant because the permanent incumbent is on leave of absence, a temporary appointment may be made for the duration of the leave, not to exceed one year. This does not, however, relate to military leaves of absence, which are discussed in a following section.

3. When a position is of a temporary nature and will continue in existence for a period not to exceed six months, a temporary appointment may be made to it upon specific approval of the commission. However, successive temporary appointments cannot be made to the same position.

In using the eligible list under the conditions outlined in (2) and (3) of the foregoing, the appointment must be made by the selection of one of the three persons standing highest on the list, who are willing to accept such temporary appointment.

The report to the Civil Service Commission of any appointment, under Rule VIII-6, is made in the same manner as for permanent appointments.

PROMOTIONS UNDER CIVIL SERVICE RULE XIV-4 (NONCOMPETITIVE PROMOTION)

Both the popular title of this rule and its application, give rise to considerable misunderstanding with regard to its purpose and use. An analysis of the rule discloses the following essential features:

1. It is used only for promotions to *competitive* class positions, and the term "noncompetitive promotion" relates only to the fact that the examination is of a noncompetitive character. The rule does *not* relate to positions in the noncompetitive class.

2. Although an eligible list is not established as the result of a noncompetitive promotion examination, the appointee, whose employment is approved under the provision of this rule, receives a permanent appointment.

The rule may be used by appointing officers only in those instances where there are not more than three persons eligible for, or who file applications for, a promotion examination.

That portion of the rule which states, "where the promotion consists of mere increase in salary without change in duties" applies only to those services under the jurisdiction of the Civil Service Commission where positions are not graded by salary, based on the duties involved. For the majority of State positions, this portion of the rule does not apply.

However, to return to that part of the rule which applies to the positions under State hospital directors' administration, its use is fairly well prescribed. (1) If there are not more than three persons eligible for promotion, the appointing officer may submit a nomination (Form 24) and the application of the nominee to the Civil Service Commission. (2) If a promotion examination has been announced and not more than three persons file applications, the appointing officer may submit a nomination (Form 24) to the Civil Service Commission nominating one of these three persons. The nomination will be attached, in the Civil Service Department, to the nominee's application already on file.

In the first instance described, the records of the Civil Service Commission will be checked to determine whether there are in fact only three persons eligible. If there are more than three, the nomination will be denied and a competitive promotion examination announced. The nominee may, however, be accepted as a provisional appointee, pending the outcome of the promotion examination.

Assuming, however, that there are only three persons eligible for promotion, the nominee will be required to qualify through a noncompetitive examination, generally a written examination. This procedure also applies in the second instance described. On the other hand, if the nominee has already qualified in an examination of equivalent character, the examination is waived, and the nominee rated only on training and experience and seniority. His rating in these two subjects is combined with his service record rating, which rating has been given him by the appointing officer.

In waiving the written examination it is assumed that if the nominee has passed at some time an equivalent examination, he can pass a similar one at present.

WAR APPOINTMENTS—RULE VIII-A

Because of the impracticability, due to war conditions, of filling some positions on a permanent basis, the Civil Service Commission adopted Rule VIII-A-1. The use of this rule is permitted *only* in those instances where it has been specifically authorized by resolution of the Civil Service Com-

mission. Such appointments, when authorized, are for a temporary period not to exceed six months beyond the termination of the war. Furthermore, appropriate eligible lists, where available, must be used in making the appointments. If there is no eligible list, the appointing officer may nominate a person of his own selection for the appointment, subject to approval of his qualifications by the Civil Service Commission after noncompetitive examination. This examination may consist of a review of the nominee's training and experience, or, if the nominee's qualifications do not fully meet the minimum requirements of the position, he must pass a qualifying examination.

In the event there is a vacant position which it is considered desirable to fill only on a temporary basis under this rule, the appointing officer must make application to the Civil Service Commission, giving his reasons, for authorization to make such an appointment. It is not necessary to obtain this authorization if the Civil Service Commission has already given it in making a previous appointment to a position of the same title.

In the event a permanent employee accepts a temporary appointment under the provision of Rule VIII-A-1, with the consent of his present appointing officer, he must receive a leave of absence from his permanent position until the termination of the temporary appointment. The vacancy resulting from this leave of absence may be filled on a temporary basis for a similar period. Subdivision 3 of Rule VIII-A provides for this condition; and, in such a case, prior authorization of the Civil Service Commission is not required. The person appointed to the vacancy created by the leave of absence must, however, qualify in the same manner as a person appointed under Rule VIII-A-1.

In reporting appointments made under Rule VIII-A-3, the appointing officer must be sure to indicate the name and item number of the employee on leave of absence, both on Form CS 26-A and on the nomination (Form 24).

Application (Form E-10), Form 24, and Form CS 26-A are, of course, required to be submitted to the Civil Service Commission for both VIII-A-1 and VIII-A-3 appointments.

MILITARY SUBSTITUTE APPOINTMENTS—RULE VIII-12

Vacant positions resulting from the permanent incumbent being in military service, may be filled for the duration of the military leave of absence under Civil Service Rule VIII-12. Such an appointment is known as a substitute appointment and is authorized by Section 246 of the Military Law.

In reporting an appointment under these provisions, the appointing officer must be sure to give the name of the employee on military leave, both on the CS 26-A and the nomination form.

As in the case of Rule VIII-A appointments, an appropriate eligible list, where available, must be used. In the event no list is available, the appointing officer may nominate a person of his own selection but the person must qualify in a manner similar to that described for Rule VIII-A appointments.

Vacancies resulting from a permanent employee receiving a substitute appointment may also be filled under the provisions of Rule VIII-12. Accordingly, it may happen that a substitute appointment of a permanent employee to a high grade position will result in corresponding substitute appointments being made in lower positions in the service.

Appointing officers must take particular care that they do not make a permanent appointment to a vacancy created by a military leave of absence. To do so is a violation of law. Such an action may not have too serious consequences to the returning employee in titles where there is high employee turnover. However, in competitive positions, particularly for those titles which are few in number or with low turnover, the appointing officer may face considerable difficulty and embarrassment when the absent employee returns to find his position permanently filled.

The Military Law guarantees the service man the right to return to his regular job in government. This right cannot be denied him. There is no appointing officer, the writer is sure, who would willfully deny it, but an appointment made in error to a military vacancy is no less serious than one made deliberately.

Conclusions

All human relationships involve potential complications. Personnel administration is no exception. In the administration of personnel in the public service the situation is seemingly intensified by the existence of statutes and rules which govern employment operations.

The State Constitution and the Civil Service Law are mandates of the people and of their representatives in the Legislature. The Civil Service Commission is responsible for administering these mandates through the adoption of suitable rules and regulations. There is no choice given to those who administer the law, or who operate under it, of accepting that part of it which they like and rejecting that which they do not. Consequently, thorough appreciation of the intent, method of application, and limitation of these legal controls is essential. It is toward that end that the writer urges your efforts.

Civil Service Department
Albany, N. Y.

MINUTES OF THE BIMONTHLY CONFERENCE

FEBRUARY 20-21, 1945

The Bimonthly Conference of the Department of Mental Hygiene was held at the DeWitt Clinton Hotel, Albany, on February 20 and 21, 1945. One hundred and three members and guests were present, including 24 directors, 26 business officers, 26 laundry supervisors, four acting medical inspectors; and, of the central office staff, the deputy commissioner, assistant commissioner, business assistant to the Commissioner, chief child guidance psychiatrist, director and assistant director of psychiatric social work, director of statistics, administrative advisor, supervisor of purchase, supervising engineer, laundry advisor, director of reimbursement, secretary and assistant secretary of the Department.

The guests included Commissioner M. P. Catherwood, Department of Commerce; Commissioner Cornelius J. White of the division of architecture, Department of Public Works; William E. Tinney and William B. Kilian, Department of Civil Service; Dr. James H. Lade, director of syphilis control, and Dr. I. Jay Brightman, Department of Health; John Sheehe, division of standards and purchase; David X. Clarine, division manager of Oakite Products Co., of New York; and Paul Abrams of the American Laundry Machinery Co., of New York. The Hon. Frederick MacCurdy, M. D., Commissioner of the Department of Mental Hygiene, presided.

Tuesday Morning Session

The first formal session of the Conference opened on the morning of February 20, with the directors and acting medical inspectors assembling for an administrative round table, conducted by Dr. MacCurdy; concurrently, the business officers and chief laundry supervisors held a conference, conducted by Mr. Doran, at which various laundry problems were discussed.

COMMITTEE REPORTS

At the meeting of the directors and acting medical inspectors, reports were presented by the following committees: Statistics and Forms, Institutional Formulary, Shock Therapy, Construction, Standards and Specifications, Preventive Work, and Service Record Ratings.

Committee on Statistics and Forms

The following report was presented by Dr. LaBurt for the Committee on Statistics and Forms:

The Committee on Statistics and Forms met in Albany at 2 p. m., February 2. Those present included all members of the committee and Assistant Commissioner Pense.

The committee considered a series of inquiries, addressed to it by several members of the Department. The first dealt with the consideration of the form used in the application for employment at the hospitals. The question was raised as a result of a complaint to the Governor's Committee on Discrimination in Employment. Objection was taken to the inclusion by one State hospital of questions with respect to race and religion, and other questions that might indicate bias. The committee recommended that potentially objectionable questions, such as those with respect to color, religion, and birthplace of parents be removed from the form.

A director asked whether it would not be possible in cases of epidemics to substitute for individual copies of Form 3-Med., a list of the names of the affected patients. The committee voted not to recommend any such revision, in view of the fact that it would open the way to other modifications, and lead to a possible lack of uniformity in the reporting of somatic diseases and defects. Furthermore, punched cards for statistical purposes cannot be prepared on the basis of such limited information.

Another director raised the question as to the classification of patients with a diagnosis of "primary behavior disorder" according to condition at time of discharge. This group of disorders is listed separately from the group "without psychosis" in the classification of mental disorders. Therefore, such patients should not be reported at time of discharge as "without psychosis" but should be classified as recovered, much improved, etc.

The question also arose as to the clinical classification of the occasional patient who is reported as without any mental disorder. Such patients should not be confused with the group diagnosed as "without mental disorder," but who belong to certain categories such as alcoholism, mental deficiency, epilepsy, psychopathic personality, etc. Our present classification does not provide for the former group. In order not to complicate further the classification of mental disorders and the accompanying coding, the committee recommended that no changes be made in the present system, but that the statistician use his judgment in fitting these rare cases into the present system, possibly into the group described as other nonpsychotic diseases or conditions.

Another asked the committee how to classify patients with respect to first or readmission when they have histories of previous residence in the Syracuse Psychopathic Hospital. The committee recommended that all patients admitted to Syracuse Psychopathic Hospital on a physician's certificate, health officer's certificate, court order, or received as voluntary cases, be considered admissions, on a par with admissions to all the other hospitals in the Department. Cases committed for observation only, however, should not be reported as statistical admissions, nor should they be subsequently regarded statistically as readmissions.

The question also arose concerning the revisions of our statistical records, when a change of diagnosis is submitted. The committee recommended that in the case of a single continuous residence, including transfer, the change or changes of diagnosis be authorized for that particular residence only. However, if a patient has had a history of previous admissions, no alteration should be made with respect to the diagnoses at time of such prior residences.

The committee considered again the question of a patient, who, while on parole from one hospital, is committed to another. It was the feeling of the committee that the second commitment should

stand, and that the hospital from which the patient was on parole, when notified of the second admission, should discharge the patient as of the date of readmission. (However, it is also feasible to return such patient to the hospital from which he was paroled, and the second commitment paper could be returned to the original court, with an explanation of the facts and the request that it be revoked. The hospitals involved in such procedure may adopt either method, depending upon which is most convenient at the time.)

The committee also considered the question of reporting statistically with respect to a patient who died on parole. The cause of death and the other pertinent data may be obtained from the division of vital statistics of the New York City Department of Health, when such death occurs in New York City. When the death occurs in New York State, outside of New York City, the pertinent information with respect to cause of death, etc., can be obtained by the statistical bureau directly from the division of statistics of the State Department of Health in Albany. Therefore, if the institutions will notify the statistician of the deaths of patients in New York State, outside of New York City, he will obtain the necessary data, and advise the institutions accordingly. The committee also feels that it may be desirable to report the mental condition of a patient who dies on parole. Therefore, there need be no objection to underlining the appropriate item in that section of Form 23-Med. (or 23a-Med., or 23-Med. E) which gives the condition of the patient at time of discharge.

Mr. Rickards advised the committee that there is no provision in the Mental Hygiene Law requiring the submission of a report using the makeup now shown on Form 2-Adm. Consequently, the committee recommends that this form be discontinued, and that it be replaced with suitable modifications for the reporting of transfers, by Form 23-Med. (or 23a-Med., or 23-Med. E). The committee also asked Mr. Rickards to advise it as to the legal requirements concerning the use of Forms 324, 325, and 87-Adm. Forms 324 and 325 are used at present by licensed institutions in reporting the discharge or death of a patient received originally on a voluntary application. Form 87-Adm. is used by the institutions in reporting the names of patients received by transfer. The committee feels that if there are no legal objections, these forms might be eliminated and the pertinent information reported on Form 23-Med. (or 23a-Med., or 23-Med. E).

A request was received from Dr. Pense, asking the committee to authorize the submission of extra copies of Forms 45-Adm. and 46-Adm. for the use of the medical inspector. The committee agreed to this request.

The committee examined medical forms from 1 to 38, inclusive. The committee recommended that Form 1-Med. (History of admission by examining physician) be eliminated. Forms 3-Med. to 12-Med., inclusive were discontinued at the beginning of the last fiscal year. These are statistical data cards with respect to admission, discharge, transfer and death. Forms 13-Med. through 16-Med., inclusive (special data cards with respect to alcoholic psychoses) were discontinued several years ago. The statistical data cards have been replaced by Forms 22-Med. and 23-Med., etc., which are individual statistical data sheets dealing with admissions, discharges, and deaths. The committee recommends that Form 22-Med. be modified in appearance by eliminating the line on the lower right hand edge calling for name and identification number of patient. The committee also recommends that Form 23-Med. be modified by eliminating the detailed classification of the condition of patients discharged as "without psychosis." This classification is unnecessary, since the condition of such patient at discharge is the same as the diagnosis of the patient at ad-

mission. For example, psychiatric classification at admission, "without psychosis, mental deficiency"—condition at discharge, "without psychosis, mental deficiency."

The committee recommends that Form 3-Med. (Report of somatic diseases and defects) be modified so that all the information to be given by the institution appears in the upper half of the schedule, and information to be supplied by the statical bureau appears in the lower half of the schedule. The two parts should be divided by a heavy line.

The committee considered Form 17-Med. (history sheet) and felt that since there are various versions of such blank in use in the institutions, they should all be examined and an attempt made to arrive at a uniform version. This matter was submitted for further study to a subcommittee.

In considering Form 22-Med. and similar forms the committee wishes to emphasize that the symbol "U" should always be used when the requisite information is unascertained. Do not use a question mark, or leave the item unanswered, as it is impossible to interpret such answers and to code them properly.

In connection with Form 22a-Med., it was recommended that reference to service during Spanish-American War be eliminated. It was also recommended that the word "none" in connection with mentally defective relatives be eliminated.

The committee recommended that Form 24-Med. (Ward admission record) be submitted to a subcommittee for further examination. In this connection, the committee also recommends that Forms 139 and 140-Adm. be considered together with 24-Med.

The committee referred to Form 191-Med. (description of scars, burns and deformities), inquiring as to whether this is being used in the hospitals, and moved that further consideration be given to this form at the next meeting.

The committee recommends that its subcommittee examine all forms used by nurses, such as 25-Med. and 89-Med.

Form 34-Med. was accepted without modification. Form 35-Med. was also accepted, but the committee suggests that this form be submitted to ophthalmologists for further consideration. Form 36-Med. was considered acceptable, except for a correction of an obvious printing error. The committee recommends that Form 36a-Med. (gynecological chart) be continued in its present form.

The committee recommends that Form 37-Med. (a ward card) be eliminated.

The committee recommends that Form 38-Med. be submitted to a subcommittee for revision.

H. A. LA BURT, M. D.,
Chairman, Committee on Statistics and Forms

Committee on Institutional Formulary

The report of the Committee on Institutional Formulary was read by Dr. Terrence:

Meetings of the Committee on Institutional Formulary were held at the office of the Department of Mental Hygiene in Albany on November 3, 1944, November 27, 1944, and January 19, 1945. On December 8, 1944, a copy of the proposed institutional formulary was forwarded to each of the directors of the institutions in the Department.

Many questions have been asked relative to the purpose of this formulary. It is the intention of the committee to establish a pharmacopoeia that will be consistent with good medical practice, simplify the purchase of drugs by the various institutions and thereby effect an economy. The committee does not feel that the formulary must be adhered to strictly. The

average hospital has physicians who have been trained in various methods of therapeutics, and it may be that no one pharmacopoeia could be written which would be found suitable for all. However, the members of the committee attempted to strike a happy medium where there would be sufficient drugs and prescriptions to allow for a wide latitude of therapeutic use. In the original list of drugs sent to the directors in December, there were included many old formulae, drugs of doubtful value and prescriptions with a variegated type of use. Much to our surprise, the uniform responses from the directors referred to the use of such drugs and prescriptions as "archaic, shotgun formulae, old fashioned," etc. The general tenor of the replies was toward reduction in the size of the pharmacopoeia rather than toward an increase.

We should like to say a few words at this time relative to the individual drugs listed in the pharmacopoeia. Under analgesics and sedatives, we have included a variety of analgesics, sedatives and hypnotics which we think will be adequate for ordinary use. The question as to which barbituric acid derivatives should be eliminated and which should remain in the pharmacopoeia was a difficult one. There are at the present time 100 different derivatives of this drug which are in common use. For ordinary clinical purposes, barbiturates may be classified into three main groups, depending upon their length of action: that is, the long-acting type, the type of moderate duration and the short-acting type. Among the long-acting drugs, we selected phenobarbital and barbital. In the moderate duration group, we used pentobarbital and in the short-acting group, evipal and sodium amytal. As you will notice, there are two proprietary drugs in this group, but we could find no satisfactory substitutes.

Criticism was made of the fact that the committee included too many bromide preparations in the pharmacopoeia; and, hence, one of the solutions of triple bromides and one of the elixirs were eliminated. The committee is of the opinion that paraldehyde is still the cheapest, safest and best of all hypnotics.

Under the cardiovascular drugs, many changes were made to suit the needs of the institutions. Ampoules of digalen were included in this list despite the fact that this is a proprietary drug. Here again no satisfactory substitute could be obtained.

Counterirritants: Criticism was directed at the long, complicated formula for solidified liniment. The committee saw a sample of this liniment and it is much like the proprietary preparation Baume Bengue. Although it is somewhat of a luxury and perhaps a little difficult to prepare, the committee felt that it should be retained.

Under the eye preparations, two new ointments and one formula for eye drops were added. Various eye consultants in the Department felt these should be included.

The diarrhea mixture included in the gastrointestinal section was thought to be unnecessarily complex by some, yet others were well disposed toward it. In view of the difference of opinion, this particular prescription was left intact. We did, however, include a prescription for an antiacid jel similar to Amphojel. This mixture is similar to that put up by the drug house and has been found to be of value in some of the hospitals in the Department. However, if trial and experience prove that it is not useful, the proprietary preparation will be included instead in the next edition of the formulary.

The saw palmetto and santal compound for dysuria likewise came in for a great deal of criticism on the ground that it was a "shotgun prescription." However, in view of the fact that it might be successful in cases of mild dysuria, this formula is retained for the present.

Many well-founded objections were leveled at the use of a combustible powder

for the relief of asthma. Inasmuch as it would be impractical for use in mental patients, the formula was eliminated.

Vitamins: All known vitamins of therapeutic value have been included and in such form that they may be given by mouth or parenterally. No multi-vitamin capsules or tablets were included for the reason that such preparations are expensive and there is a tendency toward misuse. Combinations of vitamins, if desired, may be prescribed by ordering the individual capsules or tablets. Of course, we realize that this method is inconvenient, yet it must be admitted that it is more scientific.

It also may be noted that we have included very few glandular products. It was thought best that they not be included in the formulary and that, if indicated, they be procured on special requisition.

It is our hope that this formulary will lead to uniform and systematized dispensing methods so that no matter who the prescriber may be, knowledge of the contents of the prescription will always be available. We have used in our prescriptions only the metric system, but for the convenience of those accustomed to the apothecary system, a table of equivalents has been inserted. Most of the preparations recorded in this formulary may be readily compounded with ordinary pharmaceutical technique. They do not require elaborate apparatus to amalgamate carefully those elements which make the medication more pleasant to take and insure a finished product which is consistently uniform.

There is a table of contents in the present mimeographed formulary and a complete index is in the process of preparation. If this pharmacopoeia is well received, we plan to have it put out in book form within the year so that a copy may be placed on each of the wards of our hospitals.

At this time the committee would like to express thanks to the directors for their comments and criticisms relative to the formulary. They have indeed been helpful in establishing a list of drugs that the committee feels will be of value.

CHRISTOPHER F. TERRENCE, M. D.,
Chairman, Committee on Institutional Formulary

Dr. MacCurdy explained that the committee had been appointed to compile this formulary with a view to establishing uniformity in the use and purchase of drugs. This would aid the Department, he said, in working with the division of standards and purchase to obtain the desired drugs and also would be a means of estimating annual purchases and reserves. Since the formulary is very comprehensive, including many preparations ready for immediate use, the Commissioner felt it would help the overworked pharmacist by eliminating the necessity of preparing too many special prescriptions. In fact, Dr. MacCurdy recommended that all special prescriptions should first be approved by the clinical director, or some one delegated for that purpose, before being prepared by the pharmacist, thus giving the directors greater control over the prescriptions used in the institutions and the pharmacist more time for routine work.

Dr. Bellinger expressed the opinion that the purchasing agents should exercise great care in the purchase of drugs, buying from reliable houses even if the cost were somewhat higher, rather than risk procuring drugs

which were not fresh or had been kept in storage. Dr. MacCurdy warned the directors to notify him at once if they received drugs in poor condition, not properly packaged or marked, or purchased from doubtful sources.

Dr. Worthing suggested that the committee submit an additional list of products which could be made up in all the institutions. Dr. MacCurdy thought that it might be advantageous to prepare some of the tinctures and elixirs, since the alcohol used in them could be purchased tax-free by the Department, and he directed the committee to study this problem.

Dr. Bigelow said the committee has been asked to review the manufacturers' formulary twice yearly, so that the Department's formulary could be kept up-to-date. The committee has also been requested to review the products which should be purchased on contract and those which should be purchased by the individual institutions, according to their own specifications. Dr. Bigelow said that Dr. Plunkett of the Department of Health had reported to the division of standards and purchase that every product, almost without exception, should be bought individually by the institutions, and our Department also felt that certain products should not be bought on contract. Dr. Bigelow said that the report of the study made by the Bureau of Hospital Research in drugs manufactured by well-known or obscure houses had been made available to the committee and could be obtained by anyone interested.

Committee on Shock Therapy

Dr. Bellinger presented the following report for the Committee on Shock Therapy:

A meeting of the Committee on Shock Therapy was held on January 4, 1945, at 1 p. m., at the New York Psychiatric Institute, at which time the committee spent four and one-half hours in further preparation of the "Guide for the Administration of Shock Therapy."

On or about January 5, 1945, Commissioner MacCurdy appointed Dr. Harry E. Faver, assistant director at the Buffalo State Hospital, a member of the committee in the place of Dr. I. Murray Rossman, who had resigned.

A second meeting of the committee was held on February 1, 1945, at 1 p. m., at the New York Psychiatric Institute. Those present were Drs. Ross, MacKinnon, Brill, Terrence, Faver, and the chairman.

At this meeting, the proposed "Guide for Shock Therapy" was again reviewed in detail and discussed by the various members of the committee. Some changes and revisions were made, after which it was finally unanimously approved by the members of the committee.

On February 6, 1945, two copies of the "Guide" were forwarded to the Department of Mental Hygiene, one copy to each of the members of the committee, and one copy to each of the directors of the various institutions in the Department of Mental Hygiene.

The committee believes that this "Guide" should be of help to those physicians whose duty it is to administer shock therapy; and, while it fully realizes

that no hard and fast rules can be laid down which will apply to all cases, it is the opinion of the committee that the subject matter in this "Guide" represents the result of the experience gained by competent individuals who have administered shock therapy successfully over a period of several years.

The committee is hopeful that some arrangement can be made whereby colored motion picture films can be taken of the various forms of shock therapy similar to those which have been made at the Westchester Division of the New York Hospital.

The committee recommends that periodic conferences be held for members of the various staffs who administer shock treatment, whereby they will be afforded an opportunity for an exchange of ideas regarding methods of treatment to the end that the technique will be improved.

C. H. BELLINGER, M. D.,

Chairman, Committee on Shock Therapy

This is the final report from the committee and Dr. MacCurdy, on behalf of the Conference, expressed appreciation for the fine work accomplished and suggested that the committee should continue in existence for a time, since it could review and advise on any problems that might subsequently arise.

Committee on Construction

The report for the Committee on Construction was presented by Dr. Worthing:

The Construction Committee met at 2 p. m. on January 10 with Dr. Storrs acting as chairman in the absence of Dr. Worthing.

The committee members present were: Dr. Storrs, Dr. Travis, and Mr. Clifton. Also attending the meeting were Dr. MacCurdy, Dr. Bigelow, Dr. Pense, Mr. White and Mr. Arrowsmith.

The committee examined the outline of space requirements for a medical and surgical building at Harlem Valley State Hospital, providing accommodations for 100 medical and surgical patients, 600 chronic infirm patients, 220 reception patients and 70 shock therapy patients. There were no comments on the space allotted for the diagnostic clinic.

Under the heading of laboratory, an additional special laboratory was recommended, making a total of three special laboratories instead of two; also a director's office with small lavatory, shower and toilet was added.

Under the heading of operating suite it was recommended that the nurses' room be increased from 150 sq. ft. to 200 sq. ft. and the anesthesia room decreased from 150 sq. ft. to 100 sq. ft. It was also recommended that an addition in the way of a storeroom be provided for this suite with 150 sq. ft. of surface.

Under physical therapy the addition of a waiting room of 200 sq. ft. area was recommended.

Under nurses' and doctors' offices, the medical library as a separate room was eliminated and it was recommended that this be combined with the staff room, so that this item would read "staff room and medical library at 800 sq. ft. area."

Under occupational therapy, two classrooms with a total square footage of 2,400 were added.

Under patients' beds in the medical and surgical wards, where in each case two treatment rooms were listed at a total of 400 sq. ft., the committee recommended that those two rooms in each case be replaced by the following:

1 treatment room .. 150 sq. ft.
1 workroom ..... 200 sq. ft.
1 utility room ..... 150 sq. ft.

The committee also recommended that two central clothes rooms with a total of 600 sq. ft. and one central linen room of 1,200 sq. ft. area be provided in basement space of this building.

The committee next reviewed certain standards covering bed spacing and spaces for dayrooms, including porches, and kitchens, dining and serving rooms prepared by the Postwar Works Planning Commission, and recommended revision as follows:

Aisle space in all wards should be six feet wide.

Dayroom spaces including porches should be increased from 50 sq. ft. area per patient to 55 sq. ft. area per patient, of which generally 15 sq. ft. per patient should be allowed for porches.

The committee also considered and recommended revisions in percentage of patient utilization for the dining area.

HARRY J. WORTHING, M. D.,
Chairman, Committee on Construction

A discussion followed regarding the amount of space required in the work rooms connected with the operating rooms. Dr. MacCurdy thought that new procedures would make it necessary to have additional rooms, besides work rooms, for the sole purpose of mixing sterile solutions, and he directed the committee to consider plans to provide them.

Miss Crutcher asked if it would be possible to place windows low enough to enable patients to look out of them without having to stand up. Dr. MacCurdy said this was also a problem of spacing which would require further study.

All plans, the Commissioner said, would go to the respective institutions for final review before being approved by the central office and sent out for contract. He spoke of the great task involved in fixing space requirements and allocations, but felt it was not time wasted, since many new ideas, which would increase the functional efficiency of these plans, had been incorporated. The division of the budget, he said, had already arranged to appropriate about $26,000,000, which would be available to start construction on some of the more urgent projects as soon as the German phase of the war was ended.

Committee on Standards and Specifications

Dr. Schmitz presented the following report for the Committee on Standards and Specifications, and Dr. Blaisdell presented a supplementary report on types and uses of locks in mental institutions.

The Committee on Standards and Specifications met on January 17, 1945, and February 7, 1945. The January 17 session opened in the office of the Department in Albany, at 2 p. m.

Those present were: Commissioner MacCurdy, Assistant Commissioner Pense, Deputy Commissioner Higgins of the division of standards and purchase, Directors Schmitz, Stanley and Blaisdell, Administrative Advisor Arrowsmith, Supervising Engineer Clifton, Business Assistant Doran, and Senior Business Officer Lawson.

The chairman presented a summary of the functions of the committee and of the suggestions and experiences of the various directors. The chairman suggested that individual committee members be assigned to special fields of supply, each member then making inquiry into the particular field of assignment and reporting back to the committee as a whole.

Director Blaisdell was assigned to a consideration of locks and door hardware. Dr. Pense was assigned to the study of dishwashing equipment, it being recognized that this was a particular field presenting health problems and requiring cooperative action with the Department of Health. Mr. Arrowsmith is to give consideration to bakery, pasteurizing and vegetable preparation equipment, and is also to inquire into the subject of valves used for various purposes. The subject of steam-jacketed kettles was placed in charge of Dr. Stanley, while that of food conveyors was placed in the hands of Mr. Lawson. Deputy Commissioner Higgins is to give consideration to the products of the Department of Correction and work in cooperation with them. The division of standards and purchase plans to bring the specifications for articles manufactured by the Department of Correction up to date. Each committee member assigned to a specific field is to obtain from the division of standards and purchase all available information in his field of assignment.

Mr. Higgins and other members of the committee discussed the possibility of having the division of standards and purchase buy plumbing supplies for the contractors on new construction, but it was apparent that further investigation would have to be made to determine whether the plumbing contract could be separated from the building contract in order that fittings and fixtures might be provided from a central storehouse of the division, which stocked these items. Such a central storehouse would also be the source of these items for the institutions; and after a type was decided upon for an institution the supply of such an item would be ordered from the central storehouse of the division. A survey of the institutions as to the percentage of the various makes of valves, as one example, might show that the majority of the valves in one institution were of one kind and that the remainder were of a number of makes. It would seem desirable when making replacements to purchase those of the same make as the majority in use as long as this type was satisfactory, and in that way eventually reduce the number of makes or types, aiming toward relative uniformity of make in use at that institution.

The matter of zoning the State was discussed so that one area would receive but one type of lawn mower or farm machinery, and another group of institutions could receive another equally satisfactory type, but the varieties would be uniform for each institution in order to do away with the necessity of stocking a multiplicity of repair parts.

Mr. Higgins reported that by specifying a certain grade of steel in the tools purchased by the State, it has become possible to limit the purchase to a grade which represents a definite improvement over those formerly obtained. Various directors have commented favorably upon the tools now purchased for the institutions.

Inasmuch as the State is planning to build 14 new bakeries, it is essential that a standard loaf be adopted so that racks, bread boxes, pans, slicing machines and other associated equipment be uniform and best suited to the purpose for which they are intended. All institutions were, therefore, to be requested to report on the weight and dimensions of the loaf or loaves now being baked, and this information is to be submitted to Mr. Arrowsmith along with a statement as to whether the standard formula adopted in 1940 is now being used. It was decided to have a representative of the Department of Correction sit in with this committee as this de-

partment, too, will need these standard specifications for its own use.

Senior Business Officer Patrick McCormack, of the Rome State School, has also been made a member of the committee, it was announced, in order that the State schools may have suitable representation.

The meeting adjourned at 5:15 p. m.

The committee meeting on February 7 was also held in the offices of the Department. Those present were Commissioner MacCurdy, Deputy Commissioner Higgins of the division of standards and purchase, Mr. Bergen, in charge of prison industries for the Department of Correction, Directors Stanley, Blaisdell and Schmitz, Senior Business Officer Lawson, Administrative Advisor Arrowsmith, Business Assistant Doran and Supervising Engineer Clifton.

The matter of adjusting the production of the prison industries to the needs of the Department was discussed at length. Mr. Bergen presented the position of the prison industries. He pointed out their financial difficulty in adding new machinery and said that they had textile machinery (for use in making underwear) that was 70 to 80 years old. He had advocated the removal of certain charges against the prison industries, particularly the cost of guards and coal, in order to release funds for improvements in equipment. As a result, he could now purchase $30,000 worth of knit goods machinery were it available.

One of the principal criticisms of goods purchased from prisons, such as sheeting, ticking and blankets, has been that of excessive shrinkage. A mattress ticking will shrink as much as six inches with the first washing. This difficulty has been recognized; and to overcome it about $10,000 of shrinking machinery would be needed in each of three plants. Brushing machinery is also needed. It is not thought possible to do bleaching because of the requirements of water and space.

A small amount of pre-shrinking is now being done, but the results of this are not fully known and it is necessary to obtain information as to how satisfactory this has been. It is thought that a residual 5 per cent shrinking will probably remain. This is still excessive and could only be corrected by a special process such as Sanforizing, which would reduce the shrinking to one-half of 1 per cent or less. It was stated that ordinary shrinkage of duck would be 15 to 18 per cent on length, yet 5 per cent shrinkage is thought by some of the committee to be excessive. The matter as to whether the Department of Correction might send some types of cloth out to be shrunk is to be explored. The division of standards and purchase will endeavor to get priorities for shrinking machinery, and investigation will be made as to whether there will be space available in Clinton Prison for its installation. Study will also be made of Sanforizing.

A discussion was had concerning prison blankets. Some directors thought that a higher wool content was desirable, whereas a business officer recommended cotton blankets. There appeared to be a field for both types, inasmuch as some wards could very well use, and enjoy the greater satisfaction of, a higher content wool blanket whereas others, because of the untidy and destructive character of the patients, could use a cotton blanket to better advantage. Mr. Bergen called attention to the fact that the prisons had received large orders for a cheaper blanket with a lower wool content than the one which was in regular production when this cheaper blanket was brought out. This, however, was not necessarily due to the desirable features of this blanket but to the limitations of appropriations which made it possible to purchase more blankets from the funds available.

The prisons now have new stocking machinery but are unable to obtain yarns at this time. They plan hereafter to make shoes in half sizes when surplus lasts are available.

The price situation of prison goods was discussed, and Mr. Higgins called attention to the facts that wholesale market prices are used in basing the price and that the prison pays all shipping charges on orders above $10.

The inquiry relative to the sizes of bread pans used throughout the institutions was very revealing in showing marked variations in sizes. It would simplify matters greatly if standards were established limiting to two the sizes to be made by the prisons, these to be determined in a way to insure that all the new bakeries and the bread handling equipment will have pans which are of the proper sizes for the efficient utilization of the equipment.

The difficulties that have been had with prison furniture were taken up. Mr. Bergen pointed out that prisons were required to buy lower grades of oak a few years ago and that this resulted in the use of pieces of wood which had defects, these being put into the furniture by inmates before they were possible to detect, because of the difficulty of overseeing all the steps in manufacturing. It is recognized that improvement is needed; and it is suggested that benches made in Pilgrim and Harlem Valley State hospitals of specially heavy construction be used as models for this particular requirement on disturbed wards. It is also recommended that plans be considered for producing these in knocked-down form, to be assembled in the shops of the individual hospitals.

The prisons have made some high-class modern office furniture, and they plan to add variety in ward chairs and settees. Two types are basically needed, one having durability and one for appearance and comfort. Much of the old furniture still remaining on the better wards of some hospitals was furniture designed for comfort, and this characteristic should receive special consideration in the new designs.

Prison-made beds were considered and it was deemed advisable to establish ward beds in a standard width and length and in two heights, the frame and spring parts being interchangeable for either height. "No-Sag" springs are being provided by the prison and are likewise available for assembly in the various institutions. These have obvious advantages over the woven springs.

Discussion was had also as to the use of bed plugs. The great problem of maintenance of white enamel beds was recognized, and the question was raised as to whether stainless steel or dyed metal should not be considered as material for beds in the post-war period, should these become available at reasonable cost.

A subcommittee on prison products to serve with Mr. Bergen was appointed. Mr. Arrowsmith is to represent the Committee on Standards and Specifications, additional members being Mr. Thompson of Harlem Valley State Hospital, Mr. Elmendorf, supervisor of purchase, and Mr. Dorpfeldt of the division of standards and purchase.

Mr. Arrowsmith discussed valves. It is planned to take an inventory of approximately the kinds and percentages of each in the various institutions. The division of standards and purchase would build up a reserve of six makes of values in its central storehouse. The institution would endeavor to keep replacements on hand, gradually replacing with a uniform type of satisfactory valve which then represented the majority of valves in the institution. As the minimum number on inventory at the hospital was reached, additional valves would be requisitioned from the central storehouse supply.

Mr. Lawson discussed food conveyors and will further explore this subject to establish the optimum size, determining the one that can be best handled in actual use and will serve the number of patients estimated as a maximum for this type of service on any ward.

Dr. Blaisdell has under consideration the matter of locks and will present a memorandum embodying the general views on the various aspects of this problem. The

consensus appeared to be that bit type locks should be used wherever possible and that cylinder locks were of limited application but desirable where they were specially adapted.

Dr. Pense has considered dishwashing machines. These involve health practice; and it is pointed out that information received from Mr. Tiedeman of the New York State Department of Health, is to the effect that commercial dishwashing machines are generally unsatisfactory with reference to their sanitary efficiency. The National Sanitation Foundation, recently organized under the sponsorship of the School of Public Health of the University of Michigan, is to carry on careful research work to determine the effect of the factors of time, temperature, volume, pressure and condensation of detergent, on the efficiency of dishwashing so that manufacturers can obtain data upon which to base the remodeling of their machines. In this way it is expected that dishwashers will be evolved that will meet modern sanitary standards. If before these become available, it is necessary to purchase equipment now on the market, further study of those available is to be made and presented to the committee.

The meeting adjourned at 5:15 p. m.

WALTER A. SCHMITZ, M. D.,
Chairman, Committee on Standards and Specifications

REPORT ON TYPES AND USES OF LOCKS IN MENTAL INSTITUTIONS

February 11, 1945.

This subject has been approached mainly from three angles: (1) The comparative advantages and disadvantages of the different standard types of locks that are being manufactured and used in institutions. (2) The choice of locks to use on various doors or drawers. (3) Maintenance and upkeep and the possibility of obtaining more durable construction.

It was thought that the experience of the institutions would be exceedingly valuable in the forming of any judgment on the subject; accordingly, a letter was written to each one of the directors. The replies received indicated a deep interest in locks and a thoroughness in discussing the various types. The committee is, therefore, deeply appreciative of the assistance given by the various directors. It is gratifying to note that there is marked unanimity on both types and uses of locks in institutions. The opinion was expressed by many of the directors that there are too many kinds of locks in the institutions with the result that there are too many varieties of keys to carry, too many parts to stock and more work and expense required in maintenance than should be necessary.

It appears that in some of the institutions there are half a dozen or more good standard types of locks in use, whereas one type would be preferable. Probably this situation has come about as a result of regulations on bidding on a certain article "or equal," with awards made to the lowest bidder. Doubtless, some of the directors would like to see the number of types reduced to one good type in their respective institutions. This might come about by settling upon the one satisfactory standard type of lock which predominates in an institution and making replacements with that particular type as required. In new construction, the new locks should conform to the type in use in the particular institution. Perhaps the Department of Public Works and the division of standards and purchase could work out a plan under which the locks discussed could be supplied.

Findings and recommendations follow.

1. There are three principal types of locks in use, namely the mortise; a tumbler lock operated by a bit key; the pin tumbler lock, usually referred to as a cylinder lock; and the lever lock. Probably the first two mentioned are the only ones of practical interest to this audience.

The cylinder lock is of finer construction than the others, lends itself to a large

number of key changes, may be made subject to master and grandmaster keys and is hard to pick; however, it requires considerable time and skill to repair when it gets out of order.

The bit key lock, coarser in construction, the moving parts fewer, is less likely to get out of order; and when it is broken or defective the repair of it is a relatively simple procedure. It is operated by a heavy bit key which is not easily broken.

2. It would seem that wherever possible the bit lock should be used. A canvass of the directors shows that nearly all of them favor having the bit key, dead lock on outside doors of ward buildings, on ward doors, on the doors of charges' offices, patients' single rooms, water sections and closets, excepting clothing closets and stock closets where medicines or other supplies are kept, on employees' and visitors' toilet rooms, on fire hose cabinets, dust and laundry chutes and utility room doors, metal window guards and porch guard doors, and on doors to dining rooms and kitchens. In some institutions, there is a differentiation in keys to the male and female divisions of the hospital; but there is the question as to whether this is necessary. Some of the directors recommend that within the stock closet in the charge's office there be a special closet for drugs or narcotics under a cylinder style lock. It is also the consensus that the cylinder locks should be installed on the physician's supervisor's and stenographer's offices in the centers, the stock closets in the charge's office, on clothing closets for patients' private clothing and, perhaps, on the general clothing rooms.

It is believed that in most hospitals the outside doors of employees' homes are secured with cylinder style locks; however, when the question was asked as to what type of lock is preferable nearly all the directors chose the bit lock. The lock should be subject to the ward key and should have a spring latch. Two disadvantages of having the outside doors of homes equipped with bit locks or ward locks have been mentioned; one is that in some institutions the ward employees are required to hang their keys in the supervisor's office when going off duty and the other is that the female employees would not like to carry a heavy ward key when going out for the evening. As to the last, it might be said that most women carry a handbag or purse in which the key could be deposited. It might be said in passing that in some institutions the employees' homes are never locked but that in some localities it is necessary to keep the homes locked at night when there is no one on duty in them and strangers may enter. In newer construction, the doors to individual rooms and the closets in the rooms are equipped with cylinder locks, the room doors being keyed to the building master key and the room closets to the grandmaster key. The committee favors this plan. The recreation room, trunk room and kitchenette, generally in the basement, should be supplied with bit locks which can be operated by the regular ward keys. No locks are needed on doors to toilet sections. Sliding bolts on the inside of doors of toilet or bath stalls are sufficient.

Cylinder locks are undoubtedly best on doors to offices and closets in the administration buildings, on refrigerating rooms, special rooms or closets for supplies, cutlery, etc., in kitchens and dining rooms, on garages, maintenance shops, storehouses, and other service buildings and on transformer rooms, electrical switch boxes, doors to shafts, and rooms containing special equipment.

The bit locks in use in at least one hospital are made alike by four different manufacturers. They are interchangeable and subject to the same key.

3. In the light of experience with existing locks and the realization that certain locks in institutions are subjected to much greater wear and tear than in private dwellings, it is thought that our locks should be made more durable, if possible.

In cylinder locks, the cylinders, pin tumblers, and drivers tend to wear with considerable use with the result that the pins tilt, and the key can be inserted or withdrawn only with great difficulty. Possibly the manufacturers might be prevailed upon to use a harder metal in the construction of the moving parts to give longer life. This is a matter that might well be taken up by the State Architect or the division of standards and purchase. In this connection there is, I have read, a new process for hardening many kinds of metal, increasing the wearing qualities. I understand that it is not available at present but should be available after the close of the war. It is the process of brazing the moving or wearing metal parts with "carbolized, cemented carbides."

It is also suggested that key plates or escutcheons be given a nontarnishing finish which does not require polishing, thus doing away with an unsightly appearance of the wood around the locks and the getting of polishing material into the locks, thus interfering with their operation. One director suggested key plates might be constructed of one of the newer plastics.

It would also seem desirable to have larger key plates or escutcheons on outside doors of ward buildings and on doors in the wards where considerable pressure may be applied to force the doors when locked. Such a plate, large enough to extend beyond the mortise opening for the lock, would make it possible to screw the plate to the solid part of the door and strengthen the door at this weak point; or the escutcheon could be attached with oval head machine bolts passed through the entire thickness of the door and secured with grommet nuts.

There is also considerable destruction of door knobs, due in the main to the bashing in of the soft or thin metal construction. This breakage might be largely prevented by the manufacture of knobs in heavier metal. The directors were asked how they would feel about having specially designed, sunken door pulls made integral with the key plate or escutcheon. This did not meet with favor, because, as some express their objections, patients would stuff debris in the sunken parts; they could not be readily cleaned; and employees would be likely to use the door key to pull the door open, which would add to the wear and tear on the lock. However, such door pulls on certain rooms in the wards where the door knobs are always accessible to destructive patients would have obvious advantages.

R. E. BLAISDELL, M. D.,
For the Committee on Standards and Specifications

Dr. MacCurdy remarked on the many problems encountered by this committee in efforts to standardize equipment used in the institutions. Citing bread pans as an example, he said that 19 sizes had been used by the various institutions. These have been reduced to two standard sizes. This will simplify production of pans by the prison industries; and, with the new type ovens to be installed in the institutions, the equipment can be standardized and be made interchangeable.

Committee on Preventive Work

The following report was presented by Dr. Steckel for the Committee on Preventive Work:

A meeting of the Committee on Preventive Work was held at 2 p. m., February 9, 1945, at the offices of the Department in Albany.

Those present were Deputy Commissioner Newton J. T. Bigelow, M. D., and Assistant Commissioner Arthur W. Pense, M. D., both ex officio, Miss Hester B. Crutcher, Dr. Clarence H. Bellinger, Dr. Donald W. Cohen, Dr. Sidney W. Bisgrove, Dr. Donold M. Carmichael, and Dr. H. A. Steckel, chairman.

The matter of clinic facilities for veterans discharged for neuropsychiatric as well as for other reasons was discussed at considerable length. While it was felt by all that the responsibility was chiefly that of the Veterans' Administration, it was recognized that until claims are properly adjudicated and until the Veterans' Administration is in a position to carry the load, it becomes the responsibility of the Department of Mental Hygiene to provide the necessary facilities. The administration having requested the Department to expand clinic services, the Department is committed to this program whenever personnel is available and will, therefore, be in a position to carry this additional load with reference to the veterans' needs. It is not believed feasible to set up separate clinics for veterans, but perhaps definite hours might be set aside for the care of veterans if they seem to have a serious objection to being seen at the same time with other groups.

The objections of veterans to going to clinics connected with mental hospitals were discussed, and it was felt that if the clinics were held in health centers the plan might work out more satisfactorily. The question as to whether the psychiatrists of our Department should give assistance to clinics maintained by other agencies was discussed and it was felt that we were in no position to undertake such additional activities. The practice of the Federal authorities of discharging unrecovered veterans without proper preparation of the environment or information being made available to families as to the management of cases after return to the community was discussed in some detail; but it was felt that we were in no position to make any specific recommendations to the Federal government, much as we decry these methods. It was also felt, even at this time of personnel shortage, that our hospitals should make a greater effort in the matter of investigation of home environments and rearrangement of them before patients are put on a convalescent status.

With reference to the proposed expansion of the child guidance clinic program, Dr. Cohen presented a map showing the distribution of clinics and a tabulation of the districts showing which towns and cities would be covered and by whom. The situation had been well thought out and carefully worked over with a recommendation that the total needs for this proposed postwar expansion would be 11 full-time psychiatrists, 11 full-time social workers and 11 full-time psychologists, plus personnel from the various institutions of the Department, thus tripling the present personnel.

The question as to whether the request for social workers should be doubled was raised, and further discussion of this possibility and a final decision thereon was left to Drs. Bigelow and Cohen and Miss Crutcher. Their decision was to request 22 full-time social workers.

The schedule is so worked out that a clinic team will appear at least once each week at each of the clinic stations, if only for a half-day. It was the consensus that only with such an arrangement could proper treatment of the problem child be carried out. These clinics are to be correlated with school clinics, but it is not contemplated that they will be taken over by the cities or counties, as the Department wishes to retain its own clinics for educational purposes.

In addition to this expansion of the child guidance clinic program, the Depart-

ment is also committed to an expansion of our adult clinic service, if and when personnel becomes available: each institution should work out a program for such expansion; and an educational program for the younger members of the staff should be worked out with reference to psychotherapy and methods of extramural environmental management. Clinic teams should be organized and may be sent for a period of practical work to some of our better established or more active clinics; or the younger men can be trained by the more experienced members of the individual hospital staffs. The personnel of these clinic teams should still retain ward services in the institution and should not be delegated to clinic work alone.

The committee recommends that each institution undertake an active and intensive extramural educational program at as early a date as possible. Only by constant education of the public (parents, teachers, etc.) in the principles of mental hygiene can we hope to improve the training of youth during the formative period of life or can we expect to break down that attitude of ignorance and superstition which still clings so tenaciously to the matter of mental illness.

Efforts should be made therefore to encourage staff members to prepare themselves in public speaking and organization of speakers' bureaus to serve the hospital areas should be given consideration. It is suggested by this committee that the Committee on Publicity compile subject matter for these speakers from some of the material already available, hoping in this way to encourage the efforts of all the institutions in this extramural educational project.

Discussion was had with reference to the psychiatric viewpoint in personnel work in industry. Returning veterans, as well as many of our own patients, would be placed with greater facility if personnel managers or directors had a better understanding of the situation. Furthermore, the psychiatric approach might do much to overcome the troublesome factor of absenteeism in industry.

This committee realizes that psychologists in industrial positions are constantly expected to treat psychiatric problems. This is something which they are in no way equipped to do; but as a Department we can do nothing about this now, nor can we do much more than encourage industry in this type of work and perhaps even train some of our own men to become proficient in this kind of work. This committee recognizes the contribution which psychologists can make in their own particular field in personnel work, and of course they should be encouraged to make this contribution. However, the danger line lies in their getting in over their depth in the treatment of psychiatric problems. For this reason we should oppose the practice of psychologists treating psychiatric cases. It is also felt that the personnel groups in our own institutions should be aware of the need for proper mental hygiene attitudes in handling employees.

There has been much discussion in many areas regarding the effects of the war on delinquency. The Interdepartmental Committee on Delinquency has submitted proposals for a State program, and it was as a result of the deliberations of this interdepartmental committee that the expansion of our child guidance clinic services was recommended. Copies of the report of this Interdepartmental Committee on Delinquency are in the hands of the members of the Conference so they are aware of the excellent program which has been suggested. It would seem that the work of this committee, together with the program it has proposed, would be rather an effective preventive measure as far as the development of healthy personalities in children is concerned and should prove of value in cutting down the development of faulty mental attitudes in later adult life.

The meeting adjourned at 5 p. m.

HARRY A. STECKEL, M. D.,
Chairman, Committee on Preventive Work

Dr. Bigelow amplified the report by explaining that the Department of Mental Hygiene was not opposed to communities setting up child guidance clinics. The Department first established clinics for the express purpose of demonstrating to the communities their need and practical use. However, the Department would retain control of all State-sponsored clinics. The Department of Education has agreed to provide appropriate psychological facilities in connection with education problems and would be responsible for such problems within its own province, referring to our clinics only those children who required psychiatric advice and treatment.

Dr. MacCurdy told of the increased interest expressed by general hospitals in setting up psychiatric services for the treatment of certain types of disorders and for patients who were potential mental cases. Some hospitals did not wish to make any definite plans until this Department decided what restrictions would be placed on their activities. The Commissioner felt that we should cooperate with the general hospitals and prepare a standard program. Just how far the Department should be prepared to go into this undertaking was a question that required further study, he said, but a program of this type, he felt, presented a valuable opportunity to do preventive work. Most of the cases to be cared for in such services would not be serious enough to be certified to a mental institution, but since the general hospitals did not have special provisions for such patients, they were sent out into the communities to shift for themselves.

A discussion followed on various phases of the problem, and the subject was referred to the committee for study and recommendations.

Committee on Service Record Ratings

Dr. Storrs presented the folowing report for the Committee on Service Record Ratings:

A meeting of the Committee on Service Record Ratings, held in Albany, N. Y., on January 12, 1945, at 2 p. m., was attended by Dr. Newton J. T. Bigelow, Dr. Harry C. Storrs, chairman, Dr. Harry A. La Burt, Dr. R. F. Binzley, Frederick J. Walters, Willard Amell and Miss Evelyn B. Paddleford. The Civil Service Department was represented by Mrs. Eugenia G. McLaughlin, Charles L. Campbell, J. Earl Kelly and Mrs. Clara H. Towell.

The members of the committee agreed that the format of the tentative plan labeled No. 5 was most suitable and that the rating scale steps should be 1-2-3-4-5 which would represent poor, fair, average, superior and exceptional.

The examination shortly to be given for staff attendants was discussed by Mr. Campbell, and it was generally agreed that only those attendants who had served for three years would be admitted to the examination and that only those attendants would be rated on the service rating form now being considered.

The committee agreed to adhere to the present scale ranges of 75 to 94 with the possibility of additional reports for merit points and demerits. It was decided that special weights would not be applied to

any of the traits being rated but all would have equal weight on the final rating plan.

The committee discussed the problem of a supplementary manual or syllabus defining the different grades of performance for each trait and agreed that such a manual should be prepared by the Civil Service Department for the use of the supervisors and directors.

The rest of the meeting was devoted to the discussion of which characteristics should be used and how they should be defined on the rating form which would consist of a single sheet. The following items were suggested by Dr. Storrs: knowledge of job, dependability and reliability, loyalty and honesty, attitude toward and care of patients, judgment, temperament and stability, tact, cooperativeness, physical status, quality of work, energy and industry, orderliness.

Items suggested by Dr. LaBurt were reduced to the following: knowledge of job, dependability and reliability, loyalty, quality of work, interest in work, judgment, temperament, attitude toward people, self-reliance.

Mr. Kelly injected the item, initiative and ability, or willingness to assume additional responsibilities.

Mrs. McLaughlin suggested a breakdown of quality of work to: energy and industry, orderliness, alertness and comprehension and speed of work. This breakdown was agreed upon by the others.

Dr. Binzley suggested a grouping of the factors mentioned under four headings: I. Intelligence, II. Reliability, III. Emotional Status, IV. Work.

The final agreement by all present was to include the following traits on the service record rating form with certain phrases to be included in the short definition: 1. Knowledge of job. 2. Dependability and reliability. 3. Attitude toward people (primarily patients, but including coworkers and visitors). 4. Judgment (common sense). 5. Temperament (stability; not erratic; tact). 6. Cooperation (ability to take orders and accept criticism). 7. Ability to assume responsibility (self-reliance). 8. Energy and industry. 9. Work habits (method; orderliness of work habits). 10. Alertness and comprehension (resourcefulness).

Dr. Bigelow asked the members of the committee to forward any additional suggestions to Mrs. McLaughlin so that they could be incorporated in the definitions of the items. Mrs. McLaughlin stated that she would have copies of the form prepared as well as a manual or syllabus for further consideration and approval by the committee.

Dr. Bigelow pointed out that other positions, such as medical, might have to be considered for special rating plans also at a later date. The meeting adjourned at 5 o'clock.

HARRY C. STORRS, M. D.,
Chairman, Temporary Committee on Service Record Ratings

The discussion which followed disclosed many objections to the theory and method of rating attendants. Some disapproved of applying equal weights to the traits selected for rating. Dr. MacCurdy stated that the Department existed primarily for the best interests of the patient and that an employee's "attitude toward and care of patients" should have the largest rating. He believed each of the 10 characteristics listed should be rated according to the effectiveness of the work done by the employee in relation to the patient and the institution, and he suggested adding a parallel column to the rating form for this purpose. Cooperativeness was another characteristic suggested for higher weighting. In response to the suggestion that

punctuality and regularity of attendance be included under "reliabiliy," Mr. Komora replied that the Department of Civil Service provided separate attendance records which covered punctuality. The use of these, however, has been optional, he said.

The directors disapproved of the proposal that only those attendants who have served three years be permitted to take a promotion examination for staff attendant. While it was admitted that there should be a time limitation, many felt that three years placed too much restriction on capable candidates. They said it would result in the loss of valuable employees, whom they had taken much time and effort to train, and it would prove to be one more drawback in obtaining personnel.

The directors were not satisfied that service record ratings portrayed a true picture of an employee's ability and value, and they felt they should have more control in appointing and promoting attendants. Dr. Bigelow pointed out that since an act of the Legislature had placed ward employees in the classified service, the service record ratings, if properly evaluated, were the best means of grading their ability, next to an examination. Every effort had been made, he said, to select a committee to prepare the rating forms that would represent the thinking and feeling of the institutional directors on this subject. He also said that the Department of Civil Service had agreed that the examination for staff attendant, if at all feasible, should be an oral one and should be given by examiners experienced in hospital administration.

The Commissioner directed that the proposed service rating manual and rating form be sent to each institution director for study, and he requested the directors to list the characteristics and qualities on which they would rate individuals, the modifications or restrictions they would approve, and to send their suggestions and opinions to Dr. Storrs for analysis by the committee.

Sympathy and Tribute to Dr. Hugh S. Gregory

The members of the Conference expressed profound regrets over the tragic loss of Dr. Hugh S. Gregory's son, Robert S. Gregory, who was killed in action on the European front. They extended the deepest sympathies of the Conference to Dr. and Mrs. Gregory in their sorrow and bereavement and stood in silent tribute to the great sacrifice they had made in defense of our country.

Messages to Dr. Earle V. Gray and Dr. David Corcoran

Dr. MacCurdy extended greetings to the Conference from two absent members, Dr. Gray, director of Gowanda State Homeopathic Hospital, who

is now convalescing at home and from Dr. Corcoran, director of Central Islip State Hospital, who is recovering from the unfortunate episode he experienced. It was voted to send sincere good wishes to both from the Conference.

The meeting adjourned to luncheon in the studio room, where Commissioner M. P. Catherwood of the Department of Commerce addressed the group, outlining the various phases of his department's activities and plans.

Laundry Conference

The laundry conference, held on February 20, consisted of a morning session attended by the senior business officers and chief laundry supervisors, an afternoon session attended by these groups plus the directors of the various institutions, and an informal evening session, held in the offices of the Department in the State Office Building by the chief laundry supervisors.

FIRST LAUNDRY SESSION

The morning session was presided over by Daniel J. Doran, assistant to the Commissioner. There were two guest speakers: David X. Clarin of Oakite roducts, Inc., and Paul J. Abrams of the American Laundry Machinery Co. Of the Department's staff, Leighton M. Arrowsmith, administrative advisor, and Austin J. Crowley, laundry consultant, led in the discussions.

Mr. Doran defined the purpose of the conference as follows: to discuss common laundry problems and their solutions; to consider the surveys made by Mr. Crowley during the past year; to evaluate postwar laundry plans; and to study the rehabilitation of laundries in the various institutions. He then introduced Mr. Clarin, whose topic was "Laundry Supplies and Formulae."

In his opening remarks, Mr. Clarin traced briefly the history of institution laundering and the research that has brought laundering methods to their present efficiency. He then discussed the reasons for using the kinds and types of supplies now held necessary for good washing practice. He brought out the necessity for and purpose of soap, of alkali, of bleach, of sour and of starch. He stressed the necessity of having the proper titre soap for the wash to be done. He accented the effect of temperature on efficient bleaching, particularly with regard to the use of live steam in the washer and its damaging effect during the bleaching operation. Mr. Clarin next brought out a new method of bluing previous to the souring operation rather than after it but cautioned that this procedure, while very successful in some places, was far from fool-proof. With regard to starch and sizing, he recommended that manufacturers' instructions be followed for best results.

The speaker then took up the question of washing formulae and stressed the matter of how supplies should be used for maximum economy and efficiency. He discussed the time, temperature and water level at which each operation should be performed under normal conditions and reminded his listeners that the best formula results from the adjusting of a master formula to each particular situation by the individual laundryman in the individual plant. He described master formulae for various types of washing.

In conclusion, he spoke of the use of test pieces to determine such factors as whiteness retention, tensile strength loss, etc., and urged that laboratory tests be made at frequent intervals as a check on efficient laundering. He suggested that all laundry managers join the National Association of Institutional Laundry Managers to obtain the helpful publications sent to members at frequent intervals.

Mr. Ascher, chief laundry supervisor at Central Islip, brought up the question of excessive lime deposits, caused by water hardness, on wash fabrics. Mr. Clarin discussed the washing formula at this institution and recommended the use of a water softening material. Mr. Arrowsmith asked about the necessity of having a live steam connection to a washer, and the conclusion was that if hot water at 180° were available in sufficient quantities at the washer, there would be no need of such a connection. Mr. Adams, chief laundry supervisor at Brooklyn, reopened the question of steam and hot water, and Mr. Arrowsmith and Mr. Clarin joined in the discussion of ways and means of providing water at the proper temperature without the necessity of injecting live steam into the washer.

Mr. Shamp, chief laundry supervisor at Craig Colony, brought up the question of high and low titre soaps and their use; and, in the resulting discussion, the conclusion was that high-titre soap was required for washing at temperatures over 140° and low titre soap for washing at temperatures below 140°. Mr. Spracht, chief laundry supervisor at Buffalo, questioned the possibility of obtaining sufficiently high temperatures for efficient bleaching without the use of live steam in places where the hot water temperature averages 140° or less. Mr. Clarin pointed out that since the previous sudsing operation should be at a temperature of from 160° to 170°, the bleaching operation would probably not be below 150°, even with such a hot water supply. Mr. Spracht then inquired as to the advisability of rinsing between sudsing operations; and Mr. Clarin replied that, after research by laundry associations, the method of multiple suds without interspersed rinses was generally accepted as the most economical in supplies and time.

Mr. Doran asked whether the soap provided for institution laundries by the State was of the proper titre for all-around use. Mr. Clarin read a bulletin sent out by the National Association of Institutional Laundry Managers concerning soap and its use. It explained the meaning of titre and demonstrated that no one soap could cover all requirements. Mr. Arrowsmith then asked if the use of home-made soap was advantageous, and Mr. Clarin replied that he considered the commercial product far more desirable. Mr. Heilman, senior business officer at Brooklyn, agreed with Mr. Clarin. Mr. Crowley suggested that home-made soap was far from economical to use because of the way it was made and the lack of control over the process. Mr. Spratch suggested that if the use of home-made soap were to be continued, all of it be made at one of the 25 institutions and distributed to the others, but Mr. Clarin pointed out that what pleased one operator might not please another and complications might result. Also, conditions of soil and water required different grades of soap in different localities. Chairman Doran then thanked Mr. Clarin for his paper and advice and recessed the Conference for 10 minutes.

When the chairman again called the conference to order, he introduced Mr. Abrams whose subject was "Maintenance and Operation of the Institutional Laundry."

Mr. Abrams divided his address into two main sections, maintenance, and operation, but stated that since in most institutions the maintenance function was taken care of by the institution's engineering department, he would limit his remarks on this topic and urge cooperation between the laundry and the engineering department.

In speaking of proper operation, Mr. Abrams pointed out that the machines are primarily designed for definite loads and definite handling by those who operate them and that proper operation is the responsibility of management. He cited some of the various types of machine failure that resulted from overloading and abusive handling of the various types of machines used in the plant. He pointed out the necessity, especially at this time, when new equipment and replacement parts are almost impossible to obtain, for constant supervision of employees.

Mr. Abrams discussed some apparently insignificant matters, such as underextraction and its effect on the finishing equipment; how steam should be turned on; the adjustment of flat work ironer aprons; proper padding of flat work ironer rolls, the pressure adjustments of this machine; and many faults of operation. These matters, he said, had a direct bearing on the life and economic value of the equipment in spite of their apparent insignificance.

Throughout his address, Mr. Abrams called for better supervision and education to eradicate slipshod methods. In conclusion, he gave a rapid preview of some of the new types of automatic equipment to be released at the end of the war.

Mr. Arrowsmith inquired as to the use of self-dumping washers and removable basket extractors in institutions using patients in the laundry Mr. Abrams replied that such equipment was being used throughout the country, apparently with no difficulties. Mr. Whitney, senior business officer at Wassaic, asked how the work reached the rough dry tumblers when extractors of the foregoing type were used. Mr. Abrams described the method. He also pointed out that these extractors are mainly used for bulk work in answer to Mr. Whitney's question regarding whether their use increased the tearing of such items as men's shirts. Mr. Crowley pointed out that most laundries process shirts in nets and that the net would eliminate tearing if this type of extractor were used. Mr. Ascher asked about the capacity of these extractors, and Mr. Abrams explained how their capacity tied up with the washing capacity. Mr. Adams raised the question of the safety of automatic equipment where patients do the work, but Mr. Abrams stated that since automatic machinery has many more safety features than other types of equipment and, since it requires less manual attention, it is far safer in practice than nonautomatic types. Mr. Crowley raised the question of automatic equipment lessening the occupational therapy feature since there would be less work for patients to do. Mr. Spracht pointed out that the quality of the working patient today was not too good, and automatic equipment would help to eliminate labor shortage. Mr. Colesanti, senior business officer at Creedmoor, agreed with Mr. Spracht that today's admissions are becoming more and more the types of patients who could not be used in laundry work and that eventually we might have to turn to automatic machinery to get the laundry work done at all.

Mr. Heilman brought up the matter of standardization of equipment to facilitate and simplify the stocking of spare parts. Mr. Doran said this question was under very definite consideration at this time by the Committee on Standards and Specifications, especially with regard to postwar planning. Mr. Arrowsmith pointed out, however, that with the present system of purchasing from the lowest bidder, such standardization would present a definite problem. Mr. Wheater, senior business officer at Gowanda, asked if this standardization would apply only to new postwar plants or if the policy would be followed in the replacement of present equipment in already existing plants. Mr. Doran and Mr. Crowley assured him that it was the intention to standardize everywhere. Mr. Crowley suggested that a questionnaire be circulated among the laundry opera-

tors to learn what types, sizes and makes of each kind of machine, whether predominant in their plants or not, they preferred working with. Mr. Doran agreed that such a questionnaire might be a great help to the Committee on Standards and Specifications.

The chairman asked the opinion of Mr. Abrams as to the possibility of getting equipment at this time. Mr. Abrams said the chances were almost nil on most important types and that when production is released for civilian consumption, there is already a long waiting list on most items. Mr. Abrams illustrated his remarks with a story showing how laundry equipment with slight variations is being used in certain types of warfare as fighting equipment. Mr. Doran thanked Mr. Abrams for his paper and comments and recessed the conference for luncheon at 11:15 o'clock.

SECOND LAUNDRY SESSION

The afternoon session was a joint meeting of directors, acting medical inspectors, business officers, chief laundry supervisors and guests, with Commissioner MacCurdy presiding.

Dr. MacCurdy called the meeting to order and remarked upon the importance of the laundry problem to the institutions. He introduced Mr. Arrowsmith, who led the discussion on a model laundry plan developed by himself and Mr. Crowley for consideration in connection with postwar construction.

Mr. Arrowsmith explained that the object of showing this plan was to induce discussion and criticism of it. The plan showed mainly the layout of the equipment for a laundry for an institution of 3,000 beds, together with service rooms necessary for the operation of the plant. He explained that in the three-story laundry there was no contact between soiled and clean linen. He detailed the various operations in laundering of different types, from the time the laundry entered the plant soiled to the time it left the plant clean, pointing out the reasons for the layout of equipment shown. He stressed the fact that in many institutions separate laundries handle the staff work, whereas in this plan, while certain machines may be retained for staff work only, they nevertheless are placed with the other machines of the same type used for patient work. Dr. MacCurdy and Dr. Bellinger agreed that this was desirable. Dr. Gregory raised the question of supply storage space on the first floor. Mr. Arrowsmith replied that it was intended that bulk supplies be kept in the general storehouse of the institution and that only a week's supply be kept in the laundry building itself. Dr. MacCurdy pointed out that this method of handling supplies improved the control of their use.

Dr. Pritchard inquired if there was a male employees' toilet on the first floor. Mr. Arrowsmith replied there was none since there were going to be but two or three male employees on this floor, and the male employees' toilet had been placed on the second floor.

Dr. Ross brought out the point that, with the present type of chutes feeding soiled linen into the washers, most of the goods land on the floor when the chutes are opened. Mr. Crowley said the intention was to have the chutes so designed that when they were opened the soiled linen would go directly into the machine. Dr. Bellinger pointed out there was no utility closet shown on the first floor. Mr. Arrowsmith said there was one on the second floor and that probably there should be one on the first floor also.

Dr. MacCurdy proposed for discussion the present method of sterilization of infected linens, pointing out that the present method of steam sterilization had a tendency to fix stains in the linens. He stated that certain institutions use a cold rinse method in the washer which does not set stains and that it had been found by laboratory tests that the clothes so treated are sterile. He said that if this method could be used, we might eliminate sterilizers, except in institutions handling a large number of tuberculous patients. Dr. Fletcher pointed out that the sterilization could be done in a washing machine if proper water temperatures were used.

Dr. Blaisdell raised the point of the cold rinse again, and Chairman MacCurdy amplified his explanation, declaring that these rinses given previous to the washing operation and followed by the washing operation at the proper temperature would remove stains and sterilize the goods as well. Mr. Crowley asked why, after the three preliminary rinses, the goods were removed from the washer and then returned to it after being sorted for the regular wash. Dr. MacCurdy agreed that this might not be necessary and that the goods could remain in the machine for both the preliminary rinses and the regular wash.

Dr. LaBurt asked if the laundry for tuberculous patients would be handled differently from the ordinary laundry. The chairman said he thought it would have to be because our institutions get much more infection because of the patients not being trainable. Dr. LaBurt asked if the workmen's compensation angle shouldn't have been injected into this discussion. The chairman replied that with the present setup, tuberculous employees should be recognized as such soon after employment from X-rays and physical examinations, and also from any previous history of tuberculosis.

Mr. Whitney said he would like to see the washers put on the first floor, eliminating the second floor entirely, and using automatic washers and re-

movable basket extractors. He said that the method shown in the plan is not satisfactory at Wassaic because the girls are unable to move the wet clothes from the drain tables to the extractors because of the height of the drain tables and the short stature of the girls. Mrs. Rassman, chief laundry supervisor of Wassaic, agreed with Mr. Whitney that the girls are unable to handle this type of setup. Other methods were suggested by Dr. MacCurdy and Mr. Arrowsmith whereby the present plan might be retained without strain on the laundry workers. Mr. Whitney also asked why the rough dry tumblers were located as they were and suggested another location. Mr. Crowley replied that the dry tumblers should be placed against an outside wall to facilitate lint removal and that overhead ducts, no matter how clean they were kept, were unsightly and constituted a definite fire hazard.

Dr. MacCurdy reminded the group that our major considerations should be a proper setup and a sufficiency of each type of equipment. In other words: Is the plant itself adequate to care for a 3,000-bed institution? Mr. Prendergast, chief laundry supervisor at Marcy, said that he was operating a three-floor plant of this type. He said he liked this plan, but he felt that a laundry of this type required more supervision than a one-story plant. Dr. MacCurdy pointed out that a one-floor plant would cover more ground and increase the traffic problem within the plant. Mr. Conrad, chief laundry supervisor at Hudson River, asked if it was contemplated to install a dry cleaning unit in the laundry. He felt that there should be one. Dr. MacCurdy agreed. Mr. Crowley suggested that while an institution should have a dry cleaning plant, it should be located in the tailor shop. Dr. MacCurdy asked for a vote on the preferred location. The opinions of those present were about evenly divided.

Mr. Spracht raised the question of flooring. Mr. Crowley replied it was the intent to use linoleum or some such substance everywhere except where water might be on the floor. Dr. MacCurdy suggested tile. Dr. Bellinger remarked that tile had a tendency to loosen. Dr. MacCurdy asked for suggestions. Mrs. Holmquist, chief laundry supervisor at Syracuse State School, declared her experience with tile flooring proved it to be unsatisfactory. Dr. Steckel suggested poured asphalt tile. Mr. Abrams reported that the Roosevelt Hotel in New York had a poured asphalt tile floor six years old that has proved most satisfactory.

Mr. Arrowsmith called for a show of hands as to how many felt that mattresses should be sterilized in the laundry and how many thought the sterilization should be done in the industrial shop. The majority approved the laundry. Mr. Arrowsmith pointed out that sterilizing in the laundry meant double handling, and Dr. MacCurdy agreed especially from the

storage point of view. Mr. Ascher stated that most laundry supervisors preferred not to be burdened with the job of mattress sterilization. Mr. Spracht asked why mattresses had to be sterilized. Dr. Bellinger replied that they were infected in many cases. Dr. Fletcher stated he had been told by the United States Public Health Service that it was sufficient for sterilization to put mattresses out in the sun for two or three days and also stated that Dr. Tanner of the Children's Hospital treated his mattresses from the contagious pavilian by airing them for six hours and had never had a cross infection. Dr. MacCurdy asked what type of heat the directors would suggest using—dry high pressure steam, dry heat, or wet steam. Mr. Spracht said that Buffalo was using sulphur fumigation and that that did away with the necessity for mattresses being sterilized. Dr. Bellinger said that the loss of hair because of sterilization and other factors in rebuilding mattresses was due mostly to the type and especially to the length of the hair bought and that good long hair would stand much steam sterilization. Mr. Conrad questioned the necessity for a sterilizer in the laundry if mattresses were sterilized in the mattress shop.

Mr. Arrowsmith called for a show of hands on the preference for a three-story laundry as contrasted with either a two or one-story laundry. The preference was for a three-story plant. Mr. Colesanti suggested that a laboratory be placed near the sterilizer room. Mr. Heilman suggested that the door leading from the infected goods rooms to the main body of the plant be eliminated. Dr. MacCurdy pointed out that if it were, employees would have to go out on the platform to enter that room. Mr. Heilman felt that this should be done.

Mr. Glavin, acting senior business officer at Hudson River, thought there should be a washer in the intake room but Dr. MacCurdy reminded him that this method had been discarded in the modern laundry. Mr. Glavin then raised the objection that the three-story plant would cause much traffic up and down stairs, but Mr. Crowley pointed out that there should be no traffic between the floors under ordinary conditions. Mr. Arrowsmith and Dr. MacCurdy concurred. Mr. Arrowsmith, answering a question by Dr. Schmitz, explained the location of the door to the infected goods room and Dr. MacCurdy agreed that this location might bear further study. Mr. Adams suggested the sterilizing room be built entirely outside the laundry because steam from that room traveled through the plant when the door was opened. Mr. Arrowsmith pointed out that both sterilizer rooms are normally closed off and have entrances on the platform and that there does not have to be steam coming into the main laundry room.

Mr. Spracht asked how such articles as belts, hats and shoes were sterilized. Dr. Bellinger replied that these items are seldom infected and that if

they were, they would be sterilized. Mr. Abrams suggested the use of formaldehyde for this purpose.

Mr. Arrowsmith suggested that it was practically impossible to judge adequately a plan of this type in a few minutes and suggested that the conferees take it with them and give it further consideration. Dr. MacCurdy agreed and suggested that those present send in their suggestions for consideration. He thanked Mr. Arrowsmith and recessed the conference for three minutes.

Dr. MacCurdy called the meeting to order again and brought up the subject of linens and the effect of their quantity and circulation on the laundry and the institution in general. He pointed out the costliness of too inadequate a supply because of its effect on the life of linens. He also pointed out the confusion that exists in both the laundry and the institution itself when the laundry is constantly called upon to process rapidly a small supply. He called on Mr. Crowley for a discussion of linen standardization.

Mr. Crowley stated that he had recently checked the cost of replacement for a year on washable items in circulation for a 4,500-bed hospital and stated that that cost was $54,000, indicating not only that linen replacement was expensive but that capital investiment in linens in each institution was a considerable sum of money and should be controlled. He spoke of the part that linen plays in the hospital and the upset conditions caused everywhere by an inadequate supply. He stressed the point that there is not in existence anywhere a proper standardization either of items or quantities to be maintained in circulation. Mr. Crowley pointed out that the laundry is only a cog in the institutional machinery and mentioned such other factors as supply, distribution method and replacement. Standardization of linen, he said, should be classified as being of two types: standardization of the item as to size, shape, material, color, etc., and standardization of the number of items to be maintained in circulation. He demonstrated the proper method of building a standard quantity by tracing the route an article follows from the time it is taken from the shelf to be used until it is returned to the shelf ready for use again. He showed why the idea of considering linen in sets could not possibly work out. He stressed particularly the importance of the replacement factor, and the replacement of loss from destruction and theft and pointed out the inadequacy of any replacement method not based on facts and figures.

Dr. MacCurdy suggested that many things brought out by Mr. Crowley could well be discussed and spoke of the differences among patients in mental institutions and the great variations in the use of linens required by the different types of patients. It was his opinion that a small institution

should have a large central linen room, connected with or near the laundry, issuing linen on requisition to the buildings of the institution. In the larger institutions he felt that linen rooms should be set up in each group of buildings to issue linen the same way. He stressed the factor of replacement in the previous monetary budgets which have been set up for linens in the face of rising market costs, and pointed out that this meant, as time went on, that the institutions could replace fewer and fewer pieces for the same amount of money. He said he would like to see statistics showing the needs of each institution by pieces rather than by cost at today's prices. He thought this was the major reason for standardizing linen quantities. Dr. Blaisdell brought out the point that often estimates for the purchase of linens had been cut. Dr. MacCurdy agreed. He stated that the reason for this was that information on direct needs had previously not been available and one guess followed another. Dr. Blaisdell mentioned the destruction caused by patients and the present war situation as being at least partly responsible for the linen shortages that exist today. Dr. MacCurdy agreed. Dr. Blaisdell thought it would be advantageous to every hospital to have a matron, one of whose chief duties would be the care of linen. Dr. MacCurdy agreed. He suggested that she should be an executive housekeeper rather than a matron and stated that it was his intention to have this position set up. He also requested that at the earliest possible moment each institution should set up its linen standards and have them on record, since taking a physical inventory and comparing it against the standard would show the number of items necessary to equip each institution properly, and since the money for this might be incorporated in the postwar plan. Dr. MacCurdy announced that in the near future a shrinking process would be adopted by the prison industries to eliminate loss of yardage on sheeting.

Dr. Travis raised the question of using the central linen room in smaller hospitals as a modification of the exchange system. Dr. MacCurdy replied that it could be so used and in some institutions was, the main purpose being an in-and-out count of linens used. He pointed out that the responsibility for the linen supply had to be centralized in some one agency. Dr. Bellinger reported the loss of linen through thieving by employees and visitors to be a considerable problem. Dr. MacCurdy agreed that, because of the wide distribution of linen, the situation was difficult to control. Mr. Ascher raised the point that very often linens are sent to the laundry to be washed before they are actually soiled. Dr. MacCurdy pointed out that changing of beds is often done as a routine rather than because the linen is soiled. He said it created a problem in that the routine should be fitted to the actual situation, so that in places where soiling is frequent, the rou-

tine should be frequent and in other places less frequent in proportion. Dr. Stanley stated that the type of employees obtainable for work in the linen rooms is not the type to accept much responsibility. Dr. MacCurdy agreed but pointed out that if the executive housekeeper plan went through, we would have a higher type employee to assume this responsibility. In response to a suggestion of Mr. Arrowsmith, Dr. MacCurdy asked for a show of hands on the proposal to have a central linen room, and the majority of those present approved it. Dr. LaBurt proposed that it be a clothing room, as well as a linen room; and Dr. MacCurdy and Mr. Arrowsmith said that that was the intention. Dr. Ross said that in his opinion, even with the central linen room, there would be constant bickering among laundry, linen rooms and using departments. Dr. MacCurdy described the situation at the Columbia Medical Center and the preventive method there.

Mrs. Murphy, chief laundry supervisor at Harlem Valley, proposed that mending be done in the laundry. The chairman agreed, since this procedure would save double handling and inspection time. Dr. Warner asked if the use of the central linen room would eliminate the necessity for marking the linen. The chairman replied it would not, since marking assured proper distribution and fixed responsibility for loss and destruction. Dr. LaBurt suggested that the institution's name be woven into all its linens. The chairman said that this method failed to cut down loss especially in hotels where name-woven towels were often stolen as souvenirs.

Dr. MacCurdy thanked the conferees for their discussion and suggestions and asked that any constructive ideas developed at the conference be put to practical use. He adjourned the meeting at 5 o'clock.

Second Morning Session of Bimonthly Conference

The directors and acting medical inspectors reconvened the following morning in the Canary Room for a round table discussion of medical and administrative matters. Commissioner MacCurdy presided.

PRIOR EXAMINATION OF GROUP TRANSFERS

Although the Department has felt that the director of the hospital who is to receive a group transfer should have the opportunity to examine the patients prior to their transfer, this policy has not always been adhered to, with the result that such transfers have sometimes been a source of irritation. The directors took this opportunity to offer their critical opinions of the procedures involved in some of these group transfers. One director suggested that caution should be exercised to avoid sending patients who might be carriers of dysentery, either bacillary or amoebic. Dr. Pense felt that the selection of patients should be made on the basis of the facilities available in the receiving hospital to care for certain types of cases, such

as buildings for disturbed patients, low grade and infirm cases, etc. All were in accord that there should be a mutual agreement between institutions as to the type of patient selected for transfer and that an inspection of them should be made by the receiving hospital prior to transfer.

INTERHOSPITAL AND OTHER CONFERENCES

Dr. MacCurdy announced that the Interhospital Conference would be held on April 23 and 24 at the Psychiatric Institute, in New York, and on April 30 and May 1 at the Syracuse Psychopathic Hospital. Inasmuch as this constitutes the only purely scientific conference held during the year, it was felt that the directors as well as the medical staffs should attend and that the sessions should be arranged so that at least half the medical staff of each institution could be present for one day. Dr. Steckel outlined the tentative program planned for the conference at his institution; and it was reported that Dr. Lewis had also arranged an excellent program.

The Interhospital Conference, the Commissioner said, would be in lieu of the April Quarterly Conference, but that if any urgent administrative matters should arise, they could be discussed then or, if necessary, a special conference could be called. The Commissioner also announced that the American Psychiatric Association's annual meeting, first scheduled for May 21 to 24, had been postponed and probably would not take place until the fall. The next Quarterly Conference, he said, would be held on Long Island on June 26 and 27.

TRAINING PROGRAM FOR DEPARTMENTAL PSYCHIATRISTS

Dr. MacCurdy presented a tentative outline of the training program, which the Department contemplates undertaking during the postwar period when medical staffs are again adequate. The in-service training will be extended, with regular evening sessions once each week to be devoted to primary instruction in fundamental psychiatry, neurology and pathology at the Psychiatric Institute and at Syracuse Psychopathic Hospital, at which junior staff members from all the institutions should attend. This program will augment the clinical and other teaching done at the individual institutions, which will be further implemented by providing courses at the Psychiatric Institute of approximately six months duration for clinical directors. Also, the postgraduate course at the Psychiatric Institute will be continued, with the addition of a second more advanced course, to which staff members will return after two-year or three-year intervals.

The postponed course in hospital administration for administrative assistant directors will likewise be a part of this program, and Dr. MacCurdy added that he would also like to include in this course certain senior physicians designated by the directors.

Dr. Bigelow spoke of the necessity for other in-service courses to offer appropriate training to physicians entering our service and of the necessity for a course for those doing out-patient work, particularly in the child guidance clinics. Proper instruction for social workers is another item that should be considered, he said, as well as the training of cooks.

The difficulty of planning weekly courses was discussed with special reference to attendance by members from outlying institutions. Some directors suggested a concentrated course of a week duration, but Dr. Bigelow pointed out the impracticability of this idea, stating it was difficult for anyone to absorb neuroanatomy, neuropathology and neurology in concentrated doses. Sending an instructor to the distant localities for a week or more to give the lectures and courses was also considered. The possibility was also mentioned that Rochester or Buffalo, and perhaps one or two other institutions, could establish an affiliation with the local universities, where some of the teaching could be done, so that staff members would not have to travel too far.

The Department is keenly interested in establishing an active and well-organized program for the education of our internes, Dr. MacCurdy said. Not only would this be necessary to attract new men and hold them in our service, but sufficient opportunity is not offered our men at the present time to enable them to qualify for certification by the American Board of Neurology and Psychiatry. Indeed, he added, unless the general hospitals as well as our institutions could demonstrate that they were going to undertake a systematized program of teaching, residencies would be withdrawn from a great many that now have that privilege. To aid in systematizing this teaching, it was suggested that the Committee on Professional and Public Education undertake, during the next few months, to prepare suitable syllabi of instruction.

RESIDENCIES

The quota of internes and residents now assigned to each institution by the War Manpower Commission, Procurement and Assignment Service, Dr. MacCurdy said, was determined by cutting the prewar residency allowance of all hospitals, both voluntary and public, by approximately 50 per cent; the assignments were not predicated on bed capacity, teaching facilities, etc. Only two of the Department's institutions were not listed for residencies, and the Commissioner expressed the hope that these would soon qualify. He urged the directors to make their applications at once to fill these positions and mentioned the desirability of obtaining, if possible, some of the men who wanted to specialize in psychiatry for the third nine months under the 9-9-9 plan, which had been made available to some men in the armed forces after they had been commissioned.

Dr. MacCurdy observed that some of the directors did not realize that residencies had been granted to their institutions in the past by the American Medical Association. This was due to the fact, he said, that in taking medical internes who had finished at least one year of general hospital interneship, the directors were actually accepting "residents" in the A. M. A's sense of this term. A source of confusion, he said, was the difference in titles used by the Department of Civil Service and the A. M. A. The title of "resident" in the State hospitals would be considered "assistant resident" by the A. M. A.

The Commissioner announced that the New York State Veterans' Commission had adopted a resolution, which has been approved by the Governor, to establish a total of 250 residencies at certain of the institutions throughout the State to provide trained psychiatrists at the hospitals, in the clinics and in the communities, to help in the care of veteran patients.

LEGISLATIVE PROGRAM

Mr. Rickards reviewed the current bills of interest to the Department which had been presented to the Legislature. He spoke of a proposal to designate the senior business officer, or perhaps the director, to sign petitions with reference to legal actions for the maintenance of patients. The directors objected to this plan on the ground that it placed them in an embarrassing position, and suggested that any actions in connection with reimbursement problems should be instituted in the name of the Department of Mental Hygiene. They felt that Section 40, which specifies that the director and treasurer of the institution are the parties who are to execute papers, should be amended. Dr. MacCurdy expressed the belief that this would eventually be done, since, from the standpoint of public relations, the institutions should be relieved of identification with such suits.

In connection with the Department's general order concerning legal papers, Mr. Rickards observed that some directors had refused to give the Attorney General's office copies of certification papers when that office had requested them for pending litigation. He explained that the Attorney General, when he enters into litigation for an institution, is the attorney representing the director and the institution and is entitled to any papers he requests, which will enlighten or aid him in an action. In such instances, the general order should be disregarded, he said. Dr. MacCurdy advised the directors that any requests for papers or information concerning papers should be in writing and should specify the reasons.

RECREATIONAL FACILITIES

Dr. MacCurdy said that plans were under way for a postwar program to expand recreational facilities, both for patients and employees, and the

Department has made a formal request for the setting up of the position of supervising recreational instructor, particularly in State schools. In the interim, he requested the directors to study and make the fullest possible use of all facilities now available at the institutions for recreational and physical training purposes.

The question of continuing motion picture showings through the summer months was brought up. This is now done in some institutions, particularly in State schools, since this type of entertainment appeals to mentally deficient patients; while in other institutions outdoor activities are substituted. There was a divergence of opinion on the policy of showing pictures during July and August; nine institutions voted for it and 12 against.

RADIO INSTALLATIONS ON PATIENTS' WARDS

A discussion followed as to whether the installation of individual radio sets on wards or a central system was advisable. The directors agreed that the patients preferred having individual receiving sets and that the care and management of such sets was not difficult.

REMOVAL OF NONRESIDENT PATIENTS ON CRIMINAL ORDERS

Dr. Pense said the problem of removing nonresident patients held on criminal orders from our institutions to their proper states was not very great at present and existed mostly in the New York City area. It has been the practice of the New York office to encourage removal of the charges standing against such patients, if they were such as to prevent sending a patient out of the State, he said, and there might be some instances where the District Attorney would not cooperate.

COMMITTEE ON UNIFORMS

In the absence of Dr. Gray, the following report was presented for the Committee on Uniforms by Dr. Fletcher:

It is my regret, as I know it is yours, that Dr. Gray, chairman of the Committee on Uniforms, is not here to give his report on the activities of the Committee on Uniforms. I had hoped he would be able to prepare a report for me to read to you, for it is he in particular who has a fund of information that should be available to us today. The other members of the committee, lacking all the details Dr. Gray has at his command, can report to you only in a general way what was discussed and decided upon for recommendation to the Conference. We naturally report progress only.

I am sure you will all subscribe to the specifications laid down by Commissioner MacCurdy. They are: uniforms of distinctive appearance, neat, becoming, practical, simple, comfortable, and economical; that they should add dignity to the service, and show the employee's responsibility, authority and distinguishing order of seniority, rank and school.

The committee has had two meetings since its reorganization. At the first meeting, was discussed the personnel to wear uniforms, styles, materials, colors and insignia, designating rank. It was decided to recommend uniforms for the personnel of ward service, nurses' training school, occupational therapy department, food service and preparation, laundry, seamstresses, housekeepers, clothing clerks, meat cutters, bakers, groundsmen, patrolmen, personnel of the fire department, elevator operators, dental hygienists, chauffeurs, and motor vehicle operators.

Those to wear appropriate service coats are pharmacists, dentists, laboratory technicians, and store clerks.

It was suggested that office coats be worn by male employees in offices of business administration, and smocks by women office employees.

It was the view of the committee that women employees of the different departments could wear the same style uniforms in detail as follows:

Tailored plain;

Open full length front or may open on the side, and zipper-fastened;

Collar—V-neck, rolled, lapel notched, point square;

Buttons—plastic or others of same color of uniforms, detachable;

Waist—shirtwaist type, V-neck, yoke in the back, gathered, permitting a full measure of comfort and ease;

Sleeves—elbow or full length, depending on work; cuffs on short sleeves not more than three inches in width, and on long sleeves two inches rolled back on narrow band;

Skirt—five-gored, set in belt, 14 inches from the floor, or two inches below the knee; hem three inches;

Pockets—plain, double thickness at the tops;

Cap—same as at present;

Stockings—white;

Shoes—oxfords—Blucher type, color white.

The difference in colors to distinguish the department of employment as follows:

Conventional white for nurses;

Maize (yellow) for seamstresses;

Wine, maroon or burgundy for clothingclerks;

Blue for housekeepers;

Green for dining room and cafeteria employees;

Gray, as at present, for personnel of the occupational therapy department;

Blue, to remain as at present for attendants' uniforms;

Student nurse to wear the white uniform a nurse to be distinguished from a graduate nurse by an insignia of the school and chevrons on sleeves to designate the number of years in training;

Male graduate nurse—all white uniform, coat, surgical shirt, trousers, socks and shoes;

Male attendant—white coat, white shirt, black bow or four-in-hand tie, blue serge or gray trousers, black socks and black shoes;

Groundsmen—forest green, cotton whipcord trousers or breeches with leather puttees, and six-point cap, chauffeur type;

Patrolmen and personnel of fire department—blue shirts, blouse or jacket, trousers or breeches with leather puttees, and six-point chauffeur type of cap;

Chauffeur and motor vehicle operators—dark salt and pepper cotton whipcord coats and trousers or breeches with leather puttees;

Elevator operators—tan suits with distinguishing insignia;

Dental hygienists—white;

White service coats to be worn by dentists, pharmacists, pathologists, and brown or tan for laboratory technicians and store clerks.

The committee discussed insignia for ward service personnel at both of its meet-

ings without arriving at any definite conclusions. That there should be something distinctive to show the rank of an employee is evident when one considers that the chief supervising nurse, the supervising nurse, head nurse, and possibly the practical nurse, would all wear the conventional white nurse's uniform. What was considered were colored epaulets, fancy brassards, and designation of rank stitched along the edge of the shirtwaist pocket. Your view would be most welcome.

Cognizant of the difficulty of supplies, the committee solicited the assistance of Mr. Elmendorf, director of purchase of our Department, and John D. Sheehe of the division of standards and purchase. They responded nobly and met with the Committee on October 17, 1944, bringing with them, H. E. Norton of the Sigmund Eisner Company of New York City, manufacturers of uniforms.

At this meeting, available materials, styles, colors, distinguishing marks or insignia, manufacture, and method of supply distribution and sale were discussed.

It was agreed, as I understood it, that Mr. Norton would have some uniforms made up to be modeled at the Conference held at the Psychiatric Institute December 12, 1944. We were disappointed as there were no models present. Obviously, we expected too much. There were, however, samples of materials which appeared very satisfactory to the committee; but they were not seen by others attending the conference, due to lack of time. We apologize to Mr. Norton for the day that was wasted for him. It is obvious that he was not too disgusted, for he is with us here again today.

Mr. Elmendorf, Mr. Sheehe, and Mr. Norton can give you the details better than I of the materials available for manufacture and the proposed methods of supply, distribution and sale. If what they propose is acceptable to the Conference, then the Conference should pass on what is acceptable as recommended by the committee, or changes should be made now so that at least some uniforms can be manufactured and made available to the employees who are having great difficulty in purchasing satisfactory and proper uniforms in the open market.

I now surrender the floor to Mr. Elmendorf.

CHRISTOPHER FLETCHER, M. D.,
For the Committee on Uniforms

An exhibit of uniforms was presented by members of the central office staff, who very kindly offered their services as "models," and Mr. Norton described their styles and materials. Mr. Sheehe, assistant director of purchase of the division of standards and purchase, participated in the discussion. Mr. Norton said he would have moving pictures made to show different views of the uniforms, in colors, which would be worn by members of ward staffs and various other departments in the institutions. Dr. MacCurdy directed that the committee have a model of each uniform manufactured according to specifications, and bearing the various insignia, for presentation at another Conference of the Department.

Scientific Session

Deputy Commissioner Bigelow as chairman of this session introduced Dr. James H. Lade and Dr. Jay Brightman of the State Department of Health, who spoke on latent neurosyphilis. Dr. Brightman's paper is pub-

lished separately in the PSYCHIATRIC QUARTERLY for July, 1945. A verbatim report of Dr. Lade's paper and of the discussion of both presentations follows.

DR. LADE OUTLINES PROBLEM

Dr. Lade said:

To come directly to the point, I am here this morning to sell to some of you, and to remind some of the others who are already sold, the proposition of admitting to your institutions patients who have not developed mental symptoms sufficient to class them as deranged, for treatment to prevent the development of paresis. I think this is necessary on the basis of our past experience in referring patients to mental hospitals in various parts of the State.

The most common objection that has been raised, though such objections by no means have been throughout the Department or among all hospital directors, is that this is a proper field for the Health Department. I will admit there is a very good argument for it. But at the present time, our interest and activity must be centered upon prevention of transmission.

There are, each year, reported or discovered in up-State New York from 12 to 14 thousand cases of syphilis of all stages. Now, with treatment as time-consuming as it must be in the later stages of the disease, it is impossible to give those cases, each one of them, attention even in the way of supervision of therapy. Even with a Health Department which has a larger staff per capita than most others on the state level in the country, we could not even approach that objective. Obviously, our job is to attack the group in which Health Department activities will make the most difference, and this, classically, is the field of prevention of transmission.

We do this through contact, investigation, mainly in questioning as early as possible each patient with a case of duration of less than one year at the time of discovery, for the names of his contacts and persuading those people so named to submit to examination. If any proof is required, only a short consideration of the number of persons to whom a strain of the spirochete may spread will demonstrate that these cases are more important to the public health, on the order of 10 to 20 times, than the treatment of any one patient, however sick he may be.

Now, this takes a lot of time and it is an expensive business. Of the 12,000-odd cases reported, only about a tenth have been in the early stage, up to this past year, amounting before the war to about a thousand cases and during the war years rising gradually to about 1,350 during 1944. And yet, it takes so much time and such skilled personnel to get this information from people, who naturally do not want to talk very much about the

way in which they acquired this disease or whom they have been with, that we—as the State Health Department—can go little farther than the investigation of these early cases. We do, however, one other thing. We try to keep those infectious cases discovered under treatment in order that they may not relapse and spread their infection.

Now, that is another large-sized order, in spite of the fact that this is confined to, say, roughly, a thousand or fifteen hundred people. At the present time, we are treating those people with penicillin over a period of seven and a half to thirteen and a half days, depending on the amount of involvement they have; and in the last month almost 50 per cent of those reported were so treated. Observation of those, however, will require an additional amount of personnel and time.

Those who are not subjected to penicillin therapy are followed as to their treatment at the hands of a private physician or clinic until they have received 20 injections of arsenicals and 20 of the heavy metal. Though that may sound rather simple, the skeptical or recalcitrant patient who does not want to stay under therapy can take a lot of time.

I can say that there is little grumbling in the Health Department about our increased emphasis on this program during the war years, as a result of the increased spread of early syphilis.

We do one other thing, too, that I must mention. We have followed women in the child-bearing period, whose infections are not demonstrably early, that is, less than one year, until they have received 20 injections of an arsenical and 20 of a heavy metal, in an attempt to prevent the transmission of congenital syphilis.

Perhaps this cursory summary of Health Department work may demonstrate that venturing into the field of management of late syphilis on any intensive scale is certainly beyond our present capacity. Yet, there is therapy for the late syphilitic. There are facilities, I should say, for therapy. The local Health Department under the law still has the responsibility for the maintenance of such facilities, either through treatment on a fee basis, or provision of clinics for patients with venereal disease without qualification as to stage of disease.

This rests upon the assumption that it would be idle to set up a clinic for treatment of infectious cases only and to disregard the patients' individual health when we come to the end of the amount of treatment required to terminate infectiousness; and I think there is no clinic in the State which refuses to accept the late syphilitic. But standards in these clinics, established and conducted by local departments of health, with or without supplementary personnel provided by the State department, vary tremendously.

We have a staff of consultants, especially trained in syphilotherapy, who, among their other duties, visit these clinics at intervals, as frequently as possible, to attempt to improve the standards of clinic management of these cases. One of the things upon which they concentrate is the performance of lumbar punctures, with two objectives. Our primary objection was to reduce clinic loads, because they had so many patients in these clinics who had been overtreated.

Incidentally, from our point of view, we discovered a considerable number of persons with syphilis of the nervous system, some asymptomatic and some symptomatic. In a series of 217 lumbar punctures performed on clinic patients, 30 per cent had some degree of positivity in the spinal fluid.

When we consider the management of these patients, we approach a problem that is difficult. They are treated in the clinics with tryparsamide. We did establish and attempt to utilize a ward in Albany Hospital for some years for referral of the patients who needed malarial therapy. It wasn't used much. The reasons were two: one, that it was difficult for the district health officer or the health officer of the large city, who has the duties I have described previously, to devote the necessary amount of individual attention to these large numbers of late cases to find the ones which needed this sort of treatment. In fact, he finds them only when the physician actually treating the cases discovers that malarial therapy is necessary. And another reason was that we had not money enough to pay the prevailing hospital rate, running around seven dollars a day, for the rather prolonged hospitalization that was necessary. The patient or local welfare district or local health department was usually reluctant to assume this expense, and so that project has fallen by the wayside.

It proves to be so very expensive to handle these people in the general hospital that it becomes absurd when compared with the results to be secured from the expenditure of a similar amount of money and time of personnel on the cases which are more important because of the probability of transmission of their infections. We have for some years urged clinic physicians and patients themselves to apply for voluntary admission to a State mental hospital, and varying success has been met. As I have intimated in the introduction to this, some hospital superintendents felt that these people could be admitted and that they should be. But others, cramped for space and perhaps not convinced of the importance of this sort of thing, felt that they could not handle them or would have to delay admission for considerable periods.

But asymptomatic neurosyphilis differs from the other complications of late syphilis in that we can do something for the patient when we miss him during the early stages. It appears that in spite of all the efforts we can

make to find early cases, four out of five persons who acquire syphilis are not diagnosed during the first year of their infections. We must face the situation, that however we improve the screen by which we sieve out these people from the population, some will be missed and go on to late complications. If we can correct any of those late complications such as neurosyphilis, we can save some of this enormous bill.

Well, it is difficult in these clinics to convince the patient that he should have a lumbar puncture. We attain nothing like 100 per cent. A pretty high average is anything over half of the patients in clinics who have had lumbar punctures.

There are still some clinic physicians who will not touch the procedure. But having convinced the patient of the necessity for lumbar puncture, and having found evidence of neurosyphilis, the task of getting him into a State hospital is sometimes rather difficult. One of the reasons is the conclusion the neighbors will arrive at, that he is not to be trusted thereafter. The common experience with patients referred from the clinics to State hospitals is that they will not go to a nearby place. Thus, a man from Poughkeepsie may not agree to a voluntary admission to Hudson River State Hospital. We have asked the hospital superintendents of other districts to admit patients for no better reason than that, and some superintendents have been so kind as to do this.

I know it crosses the lines of regular hospital procedure to accept a resident of another hospital district, but if any part of this has impressed you with the magnitude of the problem and the necessity of doing something for it, I hope that some of you may see it our way.

I don't want to go into the technical features of this very much for we have Dr. Brightman of our staff here today, who has concerned himself intimately with the criteria for the diagnosis of asymptomatic neurosyphilis, and with diagnostic regimes, and he has consented to cover that aspect much better than I could do it, I am sure.

Discussion of Lade and Brightman Papers

A verbatim discussion of Dr. Lade's and Dr. Brightman's papers follows:

Chairman Bigelow: There are 30 or 40 minutes available for discussion.

Dr. Travis: Dr. Bigelow, Dr. Lade spoke about admitting these cases of patients voluntarily. We have done that, and we find we have very poor control of them on the voluntary basis. When they get the treatment about half-completed, they signify their intention to leave, so we have no control over them.

I have had no experience, and I don't know whether anybody else has had the same situation—

CHAIRMAN BIGELOW: You have them now for 60 days.

DR. TRAVIS: Yes, but sometimes longer than that.

DR. ROSS: I think I had a telephone call from the Health Department, asking me to take some cases of syphilis and give them malaria, with the idea of warding off general paresis. I have forgotten what decision I made, but I think I told them if they wanted to send them down and say they were mentally ill, I would take them.

I agree with what Dr. Travis says. I don't think it is a wise plan to take these people for treatment on a voluntary basis. We just get started and they decide they are not going to stay, so if they are going to send them to us and if the policy of the Department is to take patients in who are not mentally ill I think there ought to be some definite arrangement made so that if they do come, they will stay long enough to get the proper treatment.

CHAIRMAN BIGELOW: Dr. Ross, the policy of the Department has been for a long time to allow patients to come in voluntarily, who have neurosyphilis. Most of them are "nervous." At some of the hospitals, the patient signs an application and the treatment is undertaken. About the time that they complete recovery from the malaria treatment, the diagnosis is made, "Without psychosis, neurosyphilis," and the patient is then discharged. Now, I think we can do that in good conscience. It has been the policy at a number of hospitals to do it that way. Under the law, you have the right to hold a voluntary patient 60 days.

DR. MERRIMAN: The first speaker mentioned the possible tendency of the hospitals not to take voluntary patients from without their districts, but as I understand it, the policy of the Department has been to allow the institutions to accept voluntary patients from without their districts.

CHAIRMAN BIGELOW: They have been doing so, yes. There should be no objection. If there is any doubt on anyone's part, the Department will not hesitate to issue a nonresident order.

DR. SCHMITZ: I was much interested in Dr. Lade's talk on the prevention of neurosyphilis, and I wondered whether we had any accurate information—statistical information—as to how much neurosyphilis there was, what percentage of patients with syphilis developed neurosyphilis? By and large, from the number of cases of primary syphilis carried on through statistically to the number of neurosyphilities that developed in subsequent years, I wondered whether any graphical or other statistical information was available.

The only information that I know of that was established accurately, I think, were the statistics of the German Army, where they followed through the cases of primary infection, and I think their conclusions were that 3 per cent of all the cases of syphilis developed neurosyphilis. Now, there may be much more accurate figures available today; but if, as reported, six out of 200, or 3 per cent, from your discussion, developed neurosyphilis, if we are going to take all cases and treat them with malaria or other methods in order to prevent this 3 or 5 per cent, it is rather heroic.

Dr. Lade also mentioned that a good many of the cases had had overtreatment, when they came to the clinics, and I think Dr. Moore mentions in one of his articles that the therapeutic burden that the patient had to bear was far greater than the ravages of the disease. I wonder whether some relationship or criteria could not be established so that this does not happen—and we know it does happen, because so many individuals assume, because certain laboratory findings are present, that that individual must then be deluged with arsenicals and heavy metals, greatly to his physical deterioration.

I think all of those things enter into the problem of prevention. We need a lot of accurate information to know just what to do about it. I noticed also that he mentioned something with regard to fever therapy, that 106—perhaps I didn't understand him correctly—was the maximum temperature beyond which we should not go.

I have heard Dr. Leon Cornwall, a neuropathologist in the city, a clinical neurologist, maintain that if the facilities were available, he would give every patient of his with systemic syphilis, malaria therapy as a prophylactic, as really the proper way of treating syphilis.

CHAIRMAN BIGELOW: With reference to the point you raised, it was established quite some time ago that of a group of systemic cases, at least 35 per cent at some time during their course of disease showed involvement of the nervous system. That, obviously, is transitory because you have a residue of somewhere between 5 and 6 per cent of patients who have systemic syphilis developing neurosyphilis. There is a good deal of confusion still in our minds about syphilis.

I think psychiatry was pretty well founded on the syndrome of paresis, but many of us are still having difficulty in sorting out the genuine paretic from some other conditions. I think the confusion has been added to recently by the response of some paretics to shock therapy which, of course, is absolutely against the books. There is no reason for that that we know of. We are not clear about neurosyphilis.

If I remember correctly, the Cooperative Clinic listed 15 syndromes under neurosyphilis, including, of course, paresis and including this particularly peculiar syndrome of asymptomatic neurosyphilis.

The matter of spinal fluid changes, their degree, and their degree with respect to the indication for malaria fever therapy, was discussed by Dr. Brightman, but there are other borderline cases in which you may find a cranial nerve involvement or may find some minor sensory change which indicates a very definite neurosyphilitic involvement. The concept that the syndrome paresis should be considered as a pathoneurosis has some adherents, and there is no doubt that functional factors play a considerable part in the clinical picture which you see. I think that we are sometimes fooled with a constitutional reaction, say a schizophrenic reaction, in an individual with asymptomatic neurosyphilis.

Now, some people here will argue that there is no such animal. The diagnosis of paresis, however, according to some people, demands, first some definite serologic change; second, some definite objective neurological change; and, third, some objective organic psychiatric findings. Some people maintain that if you have those three sets of findings, you can properly make a diagnosis of paresis in order to justify the concept of the disease as it is generally known.

When I was with Dr. Travis at the malaria clinic that is being maintained at his institution, with reference to antimalarial drugs, the man in charge surprisingly made the statement that they are still seeing the classical picture of paresis, the textbook picture. Now, we have been thinking that the textbook picture of paresis had been wiped out by early treatment and by other factors.

There is one other point upon which, perhaps, the Department of Health may straighten us out, and that is that a local health officer in one of our cities is very strongly opposed to any therapeutic malaria in that city, and in that connection at some of the hospitals they have claimed to have had spontaneous cases of malaria where they had been giving malaria therapy. That might be talked about first from a public health standpoint. What danger is there in having malaria strains in our hospitals? And, second, if we are to help the public health people in eradicating the late ravages of syphilis, are we to be circumvented by local health officers objecting to our maintaining strains of malaria in our hospitals?

I think perhaps Dr. Steckel might say a word about penicillin with cases of old syphilis. I know he initiated a little study on that particular problem.

DR. STECKEL: Well, unfortunately, we have been unable to secure very much clinical material. We have been able to find only two cases that we could treat, and the findings are equivocal. We do find that there is a reduction in the titer and also during the treatment there seems to be an acute process established which increases the cell count as well as the total proteins. These are subsequently reduced as time goes on.

We observed these cases only over a period of three months, and we are not really prepared to make a definite statement as to what the results are going to be, but they do look favorable. We have been treating cases referred to us by the Department of Health who show no mental symptoms. We often raise the question as to whether that is a good policy. On the other hand, we have had no difficulty thus far. The patients have always remained with us for the prescribed length of time. Our practice has been to use tryparsamide and bismuth as a followup treatment in all of our cases.

DR. YOUNG: I was interested in knowing just how long you would advise the use of tryparsamide, following the pyrotherapy. We have been told that the period should be weekly for a year or perhaps two years. Dr. Lade's presentation has opened a new thought to me in that I have previously felt that asymptomatic neurosyphilis could be fairly well treated by arsenicals and bismuth in the community, provided the person could carry on with his activities; and if symptoms or signs developed that would indicate any sort of mental change, then he might have the pyrotherapy.

Those were the points in which I was interested. Our experience has been that these people who come in under voluntary agreement for therapy are usually very cooperative and will stay through any form of treatment we want to follow up.

CHAIRMAN BIGELOW: How many bouts of fever are you giving?

DR. YOUNG: We go along by so many hours of fever rather than bouts. We want the patient to have about 75 to 90 hours of treatment, and give it either in one straight dose or divide it in two that is, two different bouts of treatment—depending upon the physical condition of the patient and his ability to stand up under the treatment.

CHAIRMAN BIGELOW: So many hours above what temperature?

DR. YOUNG: Seventy-five to 90 hours at 102 or above. That seems to be a safe level and one which the Psychiatric Institute developed some years ago as a safe plan, and we have found that that is the level which the patient would undergo and which would be effective.

CHAIRMAN BIGELOW: Some time ago, at the Institute, it was established by one of the pathologists and one of the clinicians that after 50 doses of tryparsamide in an individual, you might write "*Finis*" on the case record; I mean, assuming that he had had malaria therapy and the other forms of treatment.

Dr. Bellinger, how many bouts of fever are you using at Brooklyn?

DR. BELLINGER: I don't know, off hand.

CHAIRMAN BIGELOW: Somewhere between eight and 12?

DR. BELLINGER: Yes, up to 14 in young patients who are in good health. It all depends upon the physical condition of the patient. There, again, if

the patients are elderly, before they have any aortitis and any of the changes that go on as the result of advanced syphilis, they are able to stand up under fever therapy; and we would like to give them at least 12, sometimes 14, bouts; and we have no difficulty with it. But if they are late cases and they have an aortic change, and they are in bad condition, sometimes we can give them only four or five; and we have to watch them and, if necessary, stop it.

DR. MACCURDY: There is one question I would like to ask in connection with this. The syphilographers I know, in and about New York, have a very definite feeling that with the amount of treatment that has been given in these cases, the period of lateney, as far as the developing of your neurological or your paresis symptoms is concerned, has been very decidedly shortened; that the patients, or many of them, are younger than they used to be; and that that is probably having some effect on their referral because they are not looking for the younger group as much as they are the past-45 group.

I was wondering if that did not have an effect on this whole picture. Have you any figures on that at all?

CHAIRMAN BIGELOW: And what are you doing at Central Islip, Dr. Rogers?

DR. ROGERS: We have about eight to 12 periods of fever at 102, sometimes 14, depending, as Dr. Bellinger says, on the condition of the patient.

DR. WARNER: I would like to ask Dr. Brightman how efficacious tryparsamide is, following malaria therapy. We have been without the services of an ophthalmologist for almost a year now, and we have been unable to give any tryparsamide.

CHAIRMAN BIGELOW: Is there any other comment?

DR. GREGORY: I am interested from the standpoint of the pathologist in those cases which run on a fever which is uncontrollable—difficulty such as the case which Dr. Schmitz described—and I am wondering if there are any criteria that would help us to select those cases and eliminate them in advance so that we will not make the fatal error of giving them treatment.

The only thought I have on the subject is with regard to two cases that came to autopsy, one at the institution and the other outside the institution. One of them was a young boy who had had inductotherm treatment for gonorrhea. Both had at autopsy large, persistent thymus glands, and I was wondering whether that was just an isolated thing or whether anything can be determined in advance, from determining whether they have persistent thymus glands.

CHAIRMAN BIGELOW: Is there any other comment on treatment?

DR. BLAISDELL: Has it ever been settled that the tryparsamide ever causes optic atrophy? I know our ophthalmologist at Rockland, and I think Dr. Keill, who did a lot of work in Long Island hospitals, are positive that tryparsamide did not cause the optic atrophy.

CHAIRMAN BIGELOW: I am afraid that some people here, from their own experience, would quarrel quite violently with Dr. Keill. Are there any other comments about the diagnosis or treatment? Any other disagreements with Dr. Brightman's contentions? I think that most of us would say that it would not be possible for a patient to come to the hospital and have his injection of blood and then go back to work with instructions to report back to the hospital as soon as he started to feel chilly. I am afraid that from an administrative standpoint, we would open ourselves to considerable difficulty.

Now, Dr. Lade and Dr. Brightman, will you take over and rebut some of the statements that have been made or confirm them?

DR. LADE: I am afraid I can't rebut anything. These questions are as interesting as they can be. Most of them are unanswerable, certainly by me, and I think some of them by anyone. But some of the discussion indicates our conception—not ours as the Health Department but ours as syphilologists—of what happens in the course of infection with syphilis.

It has been said that 100 per cent of the patients with early syphilis, primary syphilis, secondary syphilis, somewhere in that range, suffer invasion of the nervous system. It has been said that subsequent to that invasion, without treatment, a number of patients recover by operation of spontaneous immunity or factor "X" or whatever you please. To answer the question about the frequency of central nervous system involvement in early syphilis—from this point of view, it is 100 per cent. However, we have lately become a little skeptical about the soundness of this conclusion, because the spinal fluid of the patients we hospitalize with early syphilis for penicillin therapy is examined, and only about 20 per cent of these are proving to be positive.

Now, it may very well be that if those people were followed throughout their primary and, say, secondary stages, every one of them would eventually develop some evidence of involvement. Curiously, however, in this small number—it runs only around 200—there have been no Group 3 spinal fluid involvements. That is the paretic formula as we understand it: a paretic curve, a strongly positive Wassermann or titer more than 20 cells per cubic millimeter, and a protein concentration in excess of 75 milligrams per cent.

To the doctor who raised the question of the magnitude of the treatment task, I can say that the problems of convincing the patient of the necessity

for his lumbar puncture, of the necessity for treatment and the desirability of going to a mental hospital, coupled with the economic factors that prevent any prolonged period of absence from work, will cut down the number so that I don't think we need dread a flood of these people, whatever arrangements we make for them; but however great the number, I would urge upon you the profit in terms of Mental Hygiene hospital days saved.

On the score of tryparsamide therapy, I can say—in support of Dr. Keill, was it?—that there are men in New Jersey who have reported treating people with primary syphilitic atrophy with tryparsamide with results which were, they assert, not worse than treatment by other methods. Whether tryparsamide does or does not cause what is called secondary optic atrophy, I can't say.

On the score of its use, I wonder a little bit at this criterion of 50 consecutive injections. We seem to find that a great deal of tryparsamide is necessary to produce any effect, so much that you begin to wonder how effective it actually is. Perhaps that will all be solved for us by this exploration into the efficacy of penicillin, though at the St. Louis meeting last year, at the national convention of syphilologists, a good deal of skepticism about the effectiveness of penicillin in any form of late syphilis other than the simple gummatous lesion was expressed by Moore and O'Leary; and Stokes would commit himself no farther than the recitation, of that single case with which everybody, I guess, is familiar—the housewife who was able to market with ration points after she had been treated with penicillin.

I am sure that anyone who is aware of the situation knows that a series of paretics treated by magic passes or muttering of words will result in some patients who seem to recover beautifully—I mean, a complete remission in one case will not settle the question at all.

On this question of overtreatment in clinics, lest I seem a bit contemptuous of my own colleagues, I want to say that much of that overtreatment is not the fault of the clinic physician himself at all. After recommending the very best thing to the patient, urging it and reiterating it, still the patient refuses to do anything but pop in once a week for an injection; and that seems to the clinic physician better than to do nothing at all. Some have taken the bull by the horns—one man in particular—by telling patients that if they did not follow his advice, he just wouldn't give them any treatment. I don't know whether that is better than coddling them a bit and continuing to try to convince them.

On the score of infectiousness of therapeutic malaria, I think it has been rather well established that after a number of passages—I don't recall but perhaps Dr. Brightman will—the Plasmodium parasite no longer enters the

sexual phase and becomes noninfectious, and I think it is good practice not to even bother with screening infected patients any more. Transmission does not occur, and we will enjoy taking up the cudgels with the recalcitrant health officer described when I can draw you aside, Dr. Bigelow, and you can whisper into my ear.

CHAIRMAN BIGELOW: I would be very glad to whisper in your ear. (Laughter.) You did not settle the question as to the number of shots of tryparsamide. Now, some people have gone by the rule, more or less, that after 50 you can say that you have done all you can. It is recognized that there are individual cases where you would like to do more than that. Assuming that the patient has had a full course of malaria and heavy metals and 50 shots of tryparsamide and has shown no obvious improvement, what then?

DR. LADE: We say (and we haven't good authority for this) that tryparsamide should be persisted in until two years of therapy have been given, with the reservation that if the patient seems to progress in respect to symptoms, or, rather, develops any new symptoms of progression, he should have another bout of malaria, as long as things seem to be holding their own, and continue tryparsamide for two years, after that.

It is perhaps good that you pin me down, although I dislike to be definite about a thing which I know depends on evidence which is not conclusive. In reference to that, I would like to cite a review of Josephine Henrickson, published in "Venereal Disease Information," Vol. 20, p. 293. It covers this question of the results of malaria fever and chemotherapy as thoroughly as it could be covered at that date.

I think that Dr. Brightman can answer your questions on the management of these patients, with particular reference to mapharsen and also perhaps add to the comments on tryparsamide better than I can.

DR. BRIGHTMAN: With regard to the question as to why some patients do not respond to malaria, particularly colored patients, it is well known that colored patients and patients of Mediterranean origin do not respond to tertian malaria; but when the quartan strain of malaria is applied, succuessful inoculations most often are obtained. There appears to be a certain immunity to the tertian type in the darker races.

With regard to the spinal fluid, the first responses to therapy you see are in the cell and protein determinations; the colloid gold reaction, and Wassermann reaction—if they fall at all—will fall much more slowly and usually will take three to five years to fall, whereas a patient cannot be considered as having been satisfactorily treated if, after six months with no treatment at all, he still has increased cell and protein tests.

I would like to say one word about voluntary versus commitment admissions. That is entirely an administrative problem for the mental hygiene institution, but both at Bellevue Hospital and other institutions, we have had very little trouble with getting patients to remain under treatment until that is terminated. I might say even at Sing Sing prison, we have no trouble keeping our patients. (Laughter.) That is not so much of a joke because the patients there do know that they have the right to refuse treatment, and they can walk out on us if they want to, but I do not recall a single instance where one did. We tell them, in the first place, that they have the right to stop treatment if they wish. We do not use disciplinary measures.

With reference to the height of the temperature, of course patients will tolerate 107° and 108°; but this means a very uneasy time for the physician, if not for the patient. I always become very wary when temperatures rise much above 106 and attempt to bring them down; and I am not satisfied until they are down to 105 or less. There are many physicians who are much more heroic.

There is a great deal of discussion as to whether the efficacy of fever depends upon the height of the temperature reaction or merely upon the bodily change induced by the chill. Now, there is so much on both sides of the fence there that we need not discuss it, other than to say that these problems do exist.

About using mapharsen after fever treatment rather than tryparsamide, that does seem to be effective, at least as far it goes. The Bellevue Hospital group has been treating malaria-treated patients with mapharsen either over a 10-week period, one injection a week, or over a 10-day period, one injection a day, and that is all the therapy given; and this group's patients, who have now been followed several years, have done very well.

With regard to what an enlarged thymus or other physical condition may mean, that, of course, goes back to our thorough physical examination prior to treatment. None of us knows what the status lympaticus actually does mean, but certainly a complete medical examination, preferably by an internist, is in order before any major procedure (which fever therapy certainly is) is given.

DR. BLAISDELL: May I ask one question? In many cases, tryparsamide seems to improve the general condition of the patient; and sometimes you have patients who are in rather poor condition in which to start malaria treatment. Is it good practice to treat them first with tryparsamide, with the idea of improving their general condition before giving malaria?

DR. BRIGHTMAN: There will be no doubt that tryparsamide does improve the general condition of the patients by giving them a feeling of well-

being and increasing their appetites; and patients usually do put on weight. That appears to be a nonspecific effect and probably can be done by other methods such as better diet, including mineral and iodine intake. I don't see any objection to giving tryparsamide for a period, provided fever therapy is going to be instituted later; but this should be borne in mind, that if a spinal fluid is taken, it is bound to show an active process. If then, tryparsamide is given for a period, say six months or even three months, and if, before fever therapy is instituted, another spinal fluid is determined, the possibility of an arsenical effect on the spinal fluid must be remembered. You may get a false negative reaction in your spinal fluid. If that would induce a person not to give fever therapy, that would be detrimental.

CHAIRMAN BIGELOW: Dr. Lade and Dr. Brightman, we thank you! (Applause.)

The meeting adjourned at 12:55 p. m. to luncheon, at which Commissioner White, of the Department of Public Works, was guest speaker.

FINAL SESSION

After luncheon, the directors and acting medical inspectors reassembled to continue their round table discussion.

CIVIL SERVICE APPOINTMENTS

Dr. MacCurdy introduced Mr. Tinney of the Civil Service Department, who presented a paper containing a comprehensive description of the civil service appointing procedure, with reference to various types of appointment. It is published (pages 197-206) in this issue of THE PSYCHIATRIC QUARTERLY SUPPLEMENT.

The subject was reviewed in all its ramifications from the standpoint of the problems and difficulties encountered by appointing officers in adjusting to the complex requirements of civil service laws, rules and regulations which often seemed obscure in their applications to specific situations and did not take into account sufficiently the peculiar personnel needs of institutions as compared with those of the administrative State departments. As one director pointed out, these rules and regulations were sometimes too rigidly interpreted and were not flexible enough to meet the conditions and requirements, professional and otherwise, under which institutions must operate. While the Civil Service Department had from time to time made successful efforts to adjust its interpretations to the exigencies of the war emergency, there were still many problems that remain to be solved.

Mr. Tinney countered with a brief statement on the history and evolution of civil service from early days when its functions were exercised as a

corrective to the old political spoils system to more recent times when more positive conceptions prevailed and the rôle of civil service had come to be regarded as a constructive force in conserving and extending the merit system of appointments. He pointed out that the structure of civil service law was based on the State Constitution and on legislative enactments and that the constant aim of the Civil Service Commission was the progressive improvement of its functions in administering the statutes, with increasing emphasis on its function as a service agency in dealing with the intricate problems of personnel management. He stressed the need for continuing efforts at mutual understanding between the Civil Service Department and the other departments of the State government in meeting their respective needs and problems.

ADEQUATE PUBLICATION OF NOTICES

Dr. MacCurdy urged that every effort should be maintained to see that civil service examination announcements and other official notices affecting employees be promptly posted and adequately publicized.

SELECTIVE SERVICE

Dr. MacCurdy expressed confidence that existing or anticipated difficulties and problems in relation to the Selective Service System would be worked out, as the Department's personnel was within the "essential" classification.

BAKERY INSPECTION AND CONSULTATION SERVICE

Under the new yeast contract with the National Yeast Company, an inspection and consultation service will be provided for institution bakeries. The Commissioner said that this contract specified, in part, that at least two annual inspections would be made yearly by qualified inspectors, who would have letters of introduction from the Department. He told the directors that these people should be permitted access to the entire plant and allowed to consult freely with the bakers and make any recommendations they deem necessary, as the purpose of this service is to improve baking standards. Reports of bakery inspections will be sent out in duplicate, one to the central office and one to the institution.

Dr. MacCurdy announced the appointment of a director of nutrition for the Department, Mrs. Katherine Flack, who will collaborate with everyone concerned in the progressive development of a sound nutritional program. One of Mrs. Flack's early projects will be the publication of a food manual, which can be used throughout the institutions as a general reference book for cooks and food service personnel.

Dr. MacCurdy also expressed the hope that as soon as demobilization begins he will be able to obtain some of the men trained in the army as cooks and some of those who conducted training schools, with a view to establishing a few such schools for cooks under the direction of the Department.

INVENTORIES

Experience during the past year in obtaining allotments of additional funds from the division of the budget for food, clothing and household supplies has emphasized the necessity for the control of inventories, Dr. MacCurdy told the Conference. As these are reported on a dollar rather than a quantity basis, care must be exercised not to stock up too heavily on slow moving items, and any accumulations that may exist should be declared available for redistribution. Mr. Doran said the Department's purpost in requesting this was not to discourage inventories of usable goods but to dispose of accumulated goods which would never be used, so that their dollar value could be removed from the books.

Dr. MacCurdy said that the importance of the reports requested by Mr. Doran and the division of the budget had not been fully appreciated at the institutions and that carelessness and laxity in preparing them had contributed toward the difficulties encountered by the Department in obtaining sufficient appropriations for foods and other items.

Mr. Doran said the director of the budget had criticized the differences in the costs of operating the institutions, particularly the food costs. During the past year, the per capita cost of food served ranged from $101 to $118, a differential of 17 per cent for the 18 State hospitals. For the coming year, he added, the Department planned to get monthly reports of the most staple articles received, the amounts consumed and the inventories on hand. In this way, the Department hoped to ascertain the answer to the long-standing problem of variations in costs.

Dr. Pense has planned a building-by-building personnel survey to be made by the medical inspectors, Dr. MacCurdy observed, saying that when the character of the employee population by buildings and services had been determined, the results might have an important bearing on the feeding problem. There are many contributing factors, he said, in evaluating food costs; and, with a better factual picture to present to the Division of the Budget, he felt that there would be better cooperation in meeting budget requests.

Report of Committee on Annual Institution Reports

The following report was presented for the Temporary Committee on Annual Institution Reports by Dr. Travis:

The Temporary Committee on Annual Institution Reports met in the Commissioner's office in Albany on January 31 and February 19, 1945. Members present were Drs. Blaisdell, Wearne, Veeder, Foster, Travis and Mr. Komora. Ex officio members present were: Drs. MacCurdy, Bigelow and Malzberg.

It was agreed, in principle, that the time had arrived to effect a departure from stereotyped and stiffly formal types of annual reports. It was felt that more individuality, more vital information and greater graphic expression should be permitted to the individual institution so as more greatly to vitalize the report. To illustrate what can be done, the Commissioner exhibited some of the reports of the Comptroller and showed their departure from old forms.

A discussion was held as to the advisability of having a topical annual summary of important events forwarded to the Department soon after the close of the fiscal year for the use of the Commissioner; this could later reappear in the final annual report sent to Albany. (While no decision was voted by the committee; this is of enough importance to be thoroughly discussed.) This topical summary, if abstracted monthly by the director from his report to the board of visitors and carried forward, would be very little additional work. In other words, select only the high lights of each monthly report for use as accumulated data for the final annual report.

Similarly, the president of the board of visitors could prepare an annual topical summary based on the board's monthly reports to the Governor and the Department.

1. *Arrangement*

The purpose is to create a revision which will make the reports briefer and more readable, and which will eliminate all unessential material. Instead of the reader being confronted with an aggravating array of superfluous and soporific statistics, it is proposed that the director compose a short introduction *in narrative style*, setting forth the outstanding achievements of the year just passed. Rather than follow a blue print of what he is to write, it is recommended that he be allowed scope in individualizing the report by focusing attention on salient features in the care and treatment of his patients, research problems, important new construction, needs of the hospital and anything that will be of public interest now and of historical interest in years to come. Following this, it is suggested that the reports of the heads of each department of the institution be incorporated, *also in narrative form*, but edited by the director. Finally, in the back of the book, there may be inserted whatever tables are agreed upon and deemed essential.

2. *Tables and Sections Proposed for Elimination*

(a) Table concerning "movement of patients with respect to nativity and citizenship."

(b) Bibliographies, changes in personnel, "items of interest," visits (except visits of administrative significance which should be mentioned in a narrative way). All of these items are recorded in the semi-annual supplement of the PSYCHIATRIC QUARTERLY.

(c) Special paragraphs or sections for emergency, criminal order, physicians' certificate and voluntary admissions. These are already included by numbers in the table for "general statistics of patient population."

3. *Modifications Recommended*

(a) Retain only that part of the "county table" which refers to admissions.

(b) Omit special "write-ups" concerning deportations and transfers of nonresidents unless there are appreciable numbers of them. These, as a rule, will be included in the table for "general statistics of patient population."

(c) As a result of changes in the law, it is furthermore felt there should be recorded in the table for "general statistics of patient population" the number certified by judges for observation and the number finally certified by the director.

(d) A condensation of the pathologist's table may be in order, by elision of supernumerary items; it is suggested the recording be done under such major group headings as clinical pathology, serological tests, etc., with the number of examinations in each section.

(e) Condense the dental table.

(f) "Causes of death." Leave out the psychoses. Group under major causes only.

(g) Omit table for "general statistics of officers and employees" but retain table for "officers and employees actually in service at end of fiscal period" and add to the latter the vacancies, those housed away from and those housed in the hospital.

(h) The retained tables will have identifying numbers and *uniform captions* will be adopted.

4. *Board of Visitors' Section*

(a) In reference to this section of the annual report, the committee recommends that there be included the number of times each member attended the monthly meetings and the number of visits each made to the wards and other sections of the hospital.

5. *Senior Business Officers' Report Cannot Be Completed Within Three Months After Close of Fiscal Year*

The financial authorities of the Department informed the committee that financial statements cannot be completed within three months after the close of the fiscal year because business men cannot be induced to render bills in short order. The committee recommends the elimination of many details and that all practicable information be conveyed in a condensed form. Instead of including, for example, everything from rutabagas to rhubarb, something like this is suggested: Farm and garden produce—value, so much; dairy products—value, so much, etc. The business advisors of the Department will make certain specific recommendations as to elisions, condensations, form, etc.

6. *Time Element—The Department Will Furnish All Statistics*

(a) Each director's annual topical summary (exclusive of financial data) should reach the Department by July 1. These summaries will provide the basis for a summary by the Department to be issued as a "preprint" (by August 1) ahead of its complete annual report. Similarly, the annual summary by the board of visitors should be sent to the Department at the same time for the same purpose.

(b) The final "write-up" of the directors (including financial data) should be sent to the Department by August 1, so that the reports may reach the printer by September 1 and not be allowed to lag, as at present, a year to a year and a half after the transaction of business. It is expected this method will be effective for the year ended March 31, 1945.

JOHN H. TRAVIS, M. D.,
Chairman, Temporary Committee on Annual Institution Reports

Abstracting the monthly reports of the directors to their boards of visitors, and selecting the highlight each month for use as accumulated data for the annual reports would be a great help in compilation, the Commissioner said. Annual reports should be published within six months after the close of the fiscal year. Dr. MacCurdy thought this new method, as recommended by the committee, should greatly facilitate the preparation and publication of these reports. He also expressed the hope that the directors would use their individuality in writing them, as he felt there would

be more outside interest in the reports if they were written in narrative form.

Dr. Malzberg said he would prepare any necessary statistical tables for the institutions which had not yet sent in their annual reports for the fiscal year ended in 1944, if they would notify him of the data needed.

APPOINTMENT OF HOMEOPATHIC PHYSICIANS

A recommendation was made, and a majority voted approval, to have the Mental Hygiene Law amended so that homeopathic physicians could be appointed to all the hospitals of the Department.

ELIMINATING TITLE OF "QUALIFIED EXAMINER"

Dr. MacCurdy suggested the elimination of this title, since physicians do not need psychiatric training to become qualified examiners. The Mental Hygiene Law should be so amended next year, he said, because in many instances there has been abuse in the courts by men testifying as "qualified examiners" and implying that they were qualified psychiatrists, as frequently the judge and others did not know the difference between the two designations. Making this change would simply mean that a physician could certify a patient if he had to his credit a certain number of years in medical practice. The exact number of years required would be decided when this question was taken under advisement, the Commissioner said, and he requested that opinions on this be sent to the central office.

The Conference adjourned to the executive chamber at the State Capitol, where the directors and medical inspectors were received by Governor Dewey. They were presented by Commissioner MacCurdy to the Governor, who spent over an hour discussing institution matters and mental hygiene problems with them.

The Conference closed with the directors' dinner, at which Professor Leon E. Sutton of Syracuse University Medical School was the principal speaker. Dr. Sutton spoke on "Plastic Surgery" and illustrated his address with an interesting series of colored motion pictures showing the latest advances in this field.

MINUTES OF THE BIMONTHLY CONFERENCE

JUNE 25-27, 1945

The Bimonthly Conference of the Department of Mental Hygiene was conducted on Long Island on June 25-27, 1945, at Pilgrim, Central Islip and Kings Park State Hospitals. Eighty-two members and guests were present, including 26 directors, three acting medical inspectors, 22 dentists; and, of the central office staff, the deputy commissioner, assistant commissioner, business assistant to the Commissioner, chief child guidance psychiatrist, director of psychiatric social work, director of statistics, director of nutrition, director of personnel, administrative advisor, supervisor of purchase, supervising engineer, farm consultant, laundry advisor, chief account clerk, director of reimbursement, secretary and assistant secretary of the Department.

The guests included Col. Cleve C. Odom, commanding officer, Lieut. Col. Henry A. Cotton, executive officer, Col. William Porter, chief of the school of neuropsychiatry, and Capt. John W. Calder, special service officer, of Mason General Hospital; Commissioner Cornelius J. White of the division of architecture, Department of Public Works; Everett N. Mulvey, principal budget analyst, division of the budget; Dr. H. Houston Merritt, chief of the division of neuropsychiatry, Montefiore Hospital, New York City, and professor of clinical neurology, Columbia University; Commissioner Perry B. Duryea of the Conservation Department; Charles L. Campbell, administrative director, and J. Earl Kelly, director, division of classification, Department of Civil Service; Major C. F. VonSalzen, M. C., chief, reconditioning division, Army Service Forces Convalescent Hospital, Camp Upton; Dr. Charles A. Wilkie, associate visiting oral surgeon, Kings County Hospital, Brooklyn; and the Hon. Edward J. Neary, director, division of veterans' affairs, Executive Department, Albany. The Hon. Frederick MacCurdy, M. D., Commissioner of the Department of Mental Hygiene, presided.

Opening Session

The proceedings opened at Pilgrim State Hospital on Monday evening, June 25, with an informal dinner for members, ladies and guests of the Conference, with addresses of welcome by Commissioner MacCurdy and Dr. Harry J. Worthing, director of Pilgrim. A scientific session in the assembly hall followed and was attended by the directors and acting medical inspectors, with Dr. Merritt as guest speaker on "Psychological Sequelae of Head Injuries," a report of recent researches. A lively discussion from the floor attended Dr. Merritt's address.

At the same time, in the administration building, a motion picture, "Why We Fight," was shown to the ladies and guests. It was loaned through Mason General Hospital, and Capt. John W. Calder, special service officer at that institution, spoke briefly on the government's purpose in making the picture, which was an historical review of events leading up to the war. The film was one of a series of eight, containing many authentic shots made by the Allies as well as some captured from the enemy, Capt. Calder said, and would be of inestimable educational value. In addition to this, there was a short film showing action on the various war fronts.

First Formal Session

The first formal session for the directors and acting medical inspectors convened at Pilgrim, Tuesday morning, June 26, for presentation of committee reports on the following subjects: occupational therapy, home and community care, psychiatric social work, and legislation.

Committee on Occupational Therapy

Dr. Fletcher presented the following report for the Committee on Occupational Therapy:

The Committee on Occupational Therapy met June 1, 1945, at the Albany office of the Department. Members attending were Drs. Fletcher, Merriman, Steblen, Pollack and Pollock. The absentees were Drs. Lewis and Gray. Assistant Commissioner Pense attended, and Commissioner MacCurdy and Deputy Commissioner Bigelow attended part time.

The report of the committee submitted December 12, 1944, gave a review of the organization, facilities, personnel, and extent of occupational therapy activities in the hospitals, institutes and schools, as gleaned from answers given to a questionnaire. Variations in the operation of the occupational therapy departments in the different hospitals were evident. The committee expressed its views on what the activities of an occupational therapy department should be, and why.

As no part of the report was approved, the committee found it necessary to review it to determine what could be recommended for some action by the conference.

It is recommended that the following activities or facilities be under the occupational therapy department of the hospital: arts and crafts, preindustrial shop, recreation, supervised exercises and sports, musical therapy, patients' library. The inclusion of any other desired activity is to be optional with the director.

In discussing the activities enumerated, there were views expressed that should be made a part of this report, for they are explanatory. All activities of the occupational therapy department could be classified as recreation; but, without distinguishing one from another, this classification gives no information of the nature of the work and play actually engaged in. This differentiation is important from a therapeutic and administrative point of view. There is no question as to what arts and crafts are. There might be some difference of opinion in the separation of recreation from supervised exercises and sports. Under recreation, should be recorded those activities which are more or less passive in nature, as attending cinemas, dances, parties, picnics, field day, ball

games, plays, concerts, etc., in contradistinction to supervised exercise and sports which involve active physical exercise, as calisthenics, basketball, volleyball, kickball, softball, bowling, tennis, etc.

It is recommended that the term "physical training" be changed to either "supervised exercises or sports" or simply "exercise therapy," the former being preferred. Training implies proficiency for a contest, for physical skill, and for competitive prowess; whereas, for our patients, this project is for recreation only, but of an active nature.

As there is to be considerable postwar construction, the committee was interested in knowing what provisions were being made for occupational therapy activities. In the report of December 12, 1944, the committee recommended provisions for ward occupational therapy, occupational therapy centers, and a preindustrial shop for men. It was learned that, in the plans for new construction, the space allowed for dayrooms, including an enclosed veranda, is 50 square feet per patient, and that of this, 15 square feet per patient is veranda space. A dayroom of 35 square feet per patient would be a minimum of floor space for occupational therapy, if all the patients on the wards were so occupied at the same time; but as this could hardly be expected, and since some would be otherwise employed, one is justified in accepting the floor space planned as adequate. However, a review of the plans of the medical and surgical building to be erected at Buffalo State Hospital shows 20 square feet per patient dayroom space for chronic patients, and 27 square feet for shock therapy patients. For the senile and arteriosclerotic cases, 20 square feet would probably be sufficient, considering that little or no occupational therapy is possible; but, with other types of cases, such limited floor space is inadequate. This is mentioned to focus your attention on the floor space planned for new construction at your hospital, to see that it is adequate to carry on occupational therapy.

In the report of December 12, 1944, the committee recommended an occupational center for each sex in each building. This proposal is brought to your attention again. Such centers are assets. They provide facilities for promoting patients from ward occupational therapy to more advanced work, give improved environments and more social contacts, all of which are stimulating and encouraging. They are an urgent need for the progress in improvement of patients.

Suitable centers must be had; and surely this is a most favorable opportunity to supply a long-felt deficiency, when so many new buildings are to be constructed. To treat the newly-admitted patient, the physicians are dependent on the nurse, the pathologist, the Roentgenologist, the dietitian, the physiotherapist, the pharmacist and the dentist. The last addition to this diagnostic and therapy team is the occupational therapist. After the intensive treatment of the acute service has failed, a patient will be cared for on the continued treatment services. It is asked "What continued treatment?" Deny these patients occupational therapy, and what is there left but custodial care, the curse of all institutions. It is the main therapy for these cases. Such being the fact, there should be—yes, must be—space, tools, personnel and encouragement. Proper space and equipment are allowed for operating rooms, laboratories, diet kitchens, physiotherapy, X-ray, and even photography, and no questions asked. Occupational therapy holds a place of no less importance, and should not be denied its proper allotment of space and equipment. The committee appeals to the Department and to the construction committee, and all others who have anything to do with the new construction, to supply what is so urgently needed to carry on occupational therapy. Such an appeal is justified when it is noted that in the plans for the medical and surgical building at Buffalo a room 10 feet by 14 feet for occupational therapy is provided for 100 chronic pa-

tients, or 1.4 square feet per patient. Every patient under "shock" therapy should have occupational therapy, yet no provision is made for it.

When the Department and the construction committee give consideration to a pre-industrial shop, it is recommended that it be a separate building, and that, at the least, 50 square feet of floor space per patient be provided.

As supervised exercises and sports cannot always be in the open, a gymnasium with a swimming pool, showers, and a dressing room becomes a necessity. A separate gymnasium building would be the most nearly ideal arrangement, but this would be too costly. The committee recommends that the gymnasium be incorporated in the plans for future assembly halls. The assembly halls that have been provided in the more recent past have comprised an assembly hall, community store, and community center for employees. To have such a building complete for recreational purposes for both patients and employees requires a gymnasium, either by adding another floor in plans for future assembly halls, or one-story wings for the purpose.

The committee discussed to some extent the occupational therapy personnel required. In respect to this, progress can be reported. It is desired to determine the number of occupational therapists, instructors, aides and recreational instructors required to carry on the work of the department completely and efficiently, and to give further consideration to recommending an officer to head the department of occupational therapy in each institution. The committee believes the number of recreational instructors should be sufficient to reach all patients daily, particularly the deteriorated on the so-called "back wards," believing that more can be accomplished in improving their conditions through play, and in this way preparing them to accept work interests.

State schools were discussed. The thoughts expressed by some members of the committee would indicate that the schools vary in respect to occupational therapy activities and formal school work. Dr. Steblen was requested to prepare a memorandum of the present occupational and instructive activities, and a classification of personnel in each, and to make his recommendations to the committee for a plan that could be the same for all schools. This study is requested by the directors of the schools and the director of classification of the Civil Service Department.

C. FLETCHER, M. D.,
Chairman, Committee on Occupational Therapy

Dr. MacCurdy spoke of the space allotments for ward occupational therapy and occupational therapy centers in the postwar building plans. Dr. Fletcher reiterated that 35 square feet per patient for ward and center activities should be the minimum requirement. Dr. Bigelow said that occupational therapy classrooms had been planned in most of the buildings where patients were not bedridden and that the Department had requested the Division of the Budget and the Postwar Planning Commission for special occupational therapy classrooms to be set up in connection with the shock therapy units.

A discussion followed as to whether the position of occupational instructor should be reclassified as occupational therapist when the occupational instructor has not had the conventional training for occupational therapy. The directors of the State schools said they saw no need for the two classi-

fications, since the instructors in their schools were doing the same kind of work as the occupational therapists in the State hospitals, and they felt very strongly that their schools should have occupational therapist items. Dr. Fletcher said that the committee had unanimously decided that an individual not having professional training should not be classified as an occupational therapist, as the specifications for that position require graduation from a registered school of occupational therapy and it would not be proper to give the title to anyone not having that training. Dr. Bigelow resolved the difficulty by saying he believed there would be occupational therapy departments in all institutions and, depending upon the character of the patient population, that there would be a greater or lesser number of occupational instructors and occupational therapists, but that each setup would include occupational therapists.

The Department's proposed program for the expansion of occupational therapy work in the institutions was considered from the point of view of the patients and the employees. No agreement was reached as to just what activities should be included under the heading of occupational therapy. Dr. MacCurdy said it was obvious from the various opinions expressed that the definition and functions of that division of activity would have to be clarified, and he directed that further suggestions be sent to Dr. Fletcher for the committee's consideration.

Committee on Home and Community Care

The following report was presented by Dr. Wearne for the Committee on Home and Community Care:

The Committee on Home and Community Care met in the office of the Commissioner on the afternoon of April 6. Dr. Pense met with the committee and all members were present except Dr. Gray, who was absent because of illness.

The number of patients which each State hospital and State school had in family care April 1, 1944, was compared with the number on March 1, 1945. At the end of this period there were 46 fewer State hospital patients and 33 more State school patients in family care, making a total diminution of 13 in the number in family care in the entire department. Kings Park State Hospital showed an outstanding increase of 19 patients during this interval. On March 1, 1945, Letchworth Village had 249; Newark State School, 232; and Middletown State Hospital, 209 patients in family care. The increase in patients placed from the latter institution should be credited partly to Manhattan and Brooklyn State Hospitals, which had transferred patients to this as well as to other hospitals for family care and placement.

When patients are placed in family care they often become sufficiently stable to work successfully. Ninety State hospital patients, and 20 State school patients were placed on convalescent status from family care during the past 11 months. It was noticed that a few institutions had no patients in family care. It is realized that family care would be difficult to develop in metropolitan areas, such as New York or Brooklyn, but Manhattan and Brooklyn

State Hospitals can continue to transfer their family care prospects to the institutions which have suitable facilities for family care and other institutions not having family care programs could make similar arrangements.

It was noted that in some hospitals where the family care number is large, the parole rate may be somewhat lower. However, some institutions were low in both.

The committee spent considerable time discussing ways and means of increasing the number of family-care patients. All realize that the shortage of doctors and social workers, and that other war restrictions, hamper family-care work, as well as institutional activities in general, but in spite of this the question is raised whether each institution is really doing all possible to advance family care. In the success or failure of family care, the selection of family-care patients and family-care homes were considered to be of paramount importance, but whether family care prospers or not depends to no small extent upon the amount of personal interest which the director himself takes in family-care problems. If the director is enthusiastic about family care, it is much more likely to succeed. However, if he is lukewarm, everyone else will be the same.

The committee felt that the ward physician should know his patients best and is the preferable person to select family-care patients. With the present war shortage of personnel the problem is to get these physicians to pick out the family-care patients. Although a certain type of patient is preferable for family care, if the qualifications are followed rigidly, it may not be possible to find the necessary number. One cannot always predict how a patient will react to family care. Sometimes the less favorable type do the best and vice versa. The greatest number possible should have the benefit of this treatment. As with patients on convalescent status, there is an element of chance, and if the patient does not get along he can be returned promptly to the institution. Older patients who sit inactively about the ward may be tried. When a ward physician cannot spare time to select family-care patients, the physician assigned to convalescent care might be able to prepare a list which can be checked by the ward physician. In some institutions, social workers have supplied the ward physician with such lists of prospective family-care patients. The social worker has the advantage of seeing these patients in family-care homes more frequently than anyone else, and her opinion as to whether a patient might adjust in family care should be valuable.

Often when patients are presented at staff meeting for convalescent status and are found not well enough to go home, they may still be suitable for placement in family care, which may be beneficial from a therapeutic standpoint. If, under ordinary circumstances, it has been found impossible to identify a sufficient number of family-care patients, a staff meeting for family-care cases is recommended at regular intervals, when the physician-in-charge of each service will be required to present one or two patients for family-care placement.

The difficulty of finding homes was discussed by the committee. In urban environments family-care homes are hard to find. Institutions serving rural areas, such at Gowanda or St. Lawrence, have little difficulty in finding suitable homes. Speakers before such rural organizations as the Grange, etc., may interest people in family care, and applications for patients may result. Often information about persons who might be interested in taking family-care patients can be obtained from ministers or other influential people in small villages. The committee is opposed to advertising in newspapers for family-care homes. The social service department should be constantly on the alert for new family-care homes. This project should be entrusted to an experienced worker who not only un-

derstands the situation from the institutional standpoint, but who will be able to obtain the confidence of the caretakers and train them in their new duties. The family caretakers should look upon the social worker as a friend and advisor.

It was recommended that the State provide a State-owned car for each institution having a considerable number of family-care patients, to be used for family-care work. For such a purpose a station wagon might offer certain advantages. The availability of a State-owned car might result in an increased number of family-care patients being maintained outside the institution.

The committee agreed that during the winter months, when the roads are blocked with snow or otherwise not passable, the social worker, if a visit is impossible, should send a brief questionnaire at regularg intervals to each family caretaker, to fill out regarding each patient. This questionnaire should contain such items as general health, appetite, weight, daily conduct, etc.

Patients in family care are expected to have more freedom than those confined in institutions. Accordingly, as their supervision will not be so close, some accidents as fractures, injuries, etc., may be expected to occur from time to time. Except when the caretaker is absent from the home for only a few minutes, she should arrange for some proper, competent person to stay with the patients while she is away.

*Under the proposed new reimbursement law, which it is hoped the Governor will sign, the business officer will be permitted to pay reimbursement money directly to the family caretaker. If the relatives are paying more than $8 a week for reimbursement, and the patient requires more attention than the ordinary family-care patient, additional reimbursement money should be paid the caretaker to compénsate for the special service.

At present, the family caretakers receive $8 a week per patient, with an allowance of 25 cents a week for each patient for spending money. In the institution, each patient goes to the movies once a week, but in family care this is not possible because of the small allowance. In addition, the patient must also pay for haircuts out of this 25 cents. The committee recommends that 50 cents a week be allowed each patient in family care for spending money, and that the allowance for board be increased in accordance with the increased cost of living.

R. G. WEARNE, M. D.,
Chairman, Committee on Home and Community Care

*This bill was not signed.

Discussing certain aspects of the report, one director said it was not lack of suitable patients to be placed on family care which had caused the decrease in the number of placements from his institution, but the reluctance of families to take patients because the compensation they received did not make it worth their while to bother with food and ration problems. Another said the families in his community refused patients because they earned more money working in defense plants. Dr. MacCurdy expected this situation to improve in the postwar period and told of his request to the income tax authorities for a determination as to whether income from family-care placement should receive special consideration.

To the inquiry as to the Department's attitude toward placing a patient in family care if the relatives objected, Dr. Bigelow replied that some of the hospitals had followed the policy of explaining the situation clearly to the

relatives and that, if they refused approval, they were told that in the director's judgment the patient would profit by family care. Having so notified the relatives, the director went ahead and placed the patient.

Committee on Psychiatric Social Service

Dr. Travis presented the following report for the Committee on Psychiatric Social Service:

The committee on social service met in the office of Stanley P. Davies, on June 1. Those present were: Miss Crutcher, Mr. Davies, Drs. Black and Travis.

Miss Crutcher gave a brief report of recent social service activities. As of May 1, there were the following vacancies: two supervising social workers, nine senior social workers, 21 social workers, psychiatric, and 20 apprentices. With the establishment of the civil service lists, the supervising items can be filled immediately, also some of the senior items. However, in spite of efforts to recruit, filling the other items, particularly in the up-State areas, is difficult. The discussion of this situation showed the necessity of having more people capable of training young workers to give adequate service to patients. Manhattan State Hospital had to limit itself to one student for field training from the New York School of Social Work. Fordham also wished to place some students at this institution, but none could be accepted for the time being because of the additional time required for teaching.

The committee recommended that inasmuch as we have to take untrained and inexperienced workers and do an extensive teaching job, there should be a supervising social worker's item in each institution. The committee also recommended that the salary for the position of supervising social worker be the equivalent of that of the superintendent of nurses and that a social worker's item at a salary of $2,100 to $2,600 (Welfare Service 5—Grade 2b) be established in order to interest trained and experienced workers in positions in our institutions, since the salary of social worker, psychiatric, is not sufficient to interest them. The committee recommends that there be more flexibility between items of social worker, psychiatric, and apprentice. When an apprentice has completed her year of experience, if she has been a satisfactory worker, she should be promoted to the item of social worker, psychiatric, promptly in order to keep her. Furthermore, the committee felt that at times an apprentice social worker can be secured when a person for an item of social worker, psychiatric, is not available and vice versa. Therefore, if there were flexibility between these items, we could offer positions to the personnel available.

The committee discussed the question of apprentices as a method of recruiting workers. They agreed that this was a good way to recruit personnel and suggested that more apprentice items might be needed, but that a definite and more liberal policy of training would have to be worked out for these apprentices so that we could eventually have trained workers for our senior and supervisory positions.

As a result of a report of the time spent by the social workers in behalf of hospital patients and patients outside the hospital at both Marcy and Manhattan State Hospitals, the committee recommended for up-State areas a case load of from 40 to 50 patients and in the metropolitan area 55 to 60. With such an allocation, it was felt that the social workers would have time to do the necessary work with the families of hospital patients which would result in better community planning for the patient when he is released.

JOHN H. TRAVIS, M. D.,
Chairman, Committee on Psychiatric Social Service

Miss Crutcher amplified the report with a discussion of conditions in the social work field in the country in general, saying that more trained social workers were needed and that it was the duty of our institutions to train workers as a contribution toward the maintenance of mental health, both for patients and for the community in general. To do this, we must have more items for positions on the higher levels, she said, so that we may obtain social workers, who are trained and experienced, to cooperate with, and meet the demands of, the graduate schools of social work.

Committee on Legislation

The following report for the Committee on Legislation was presented by Dr. Van De Mark:

The Committee on Legislation has had two meetings, as per Circular Letter No. 4969, on May 22 and June 8, 1945. You have received copies of the legislative bulletins so that you have been informed as to what bills have become laws, and vice versa.

It was surprising to read in the paper a few days ago that the 1945 Legislature considered almost 2,000 bills and acted favorably upon a large percentage of them. It is gratifying to know that a large portion of the legislation favored by the Department was adopted and made into law. There were, however, certain bills vetoed because of technicalities or because of opposition on the part of other departments. Some of these will be redrafted and resubmitted after conference with the departments concerned. Those to be redrafted have to do with family care; interest on patients' funds; bureau of special examination: State hospital retirement options; with the sale of certain securities by the Treasurer; and with one obsolete section of the law having to do with the receipt of funds from the Comptroller. A bill having to do with the acquisition of property for the Rochester State Hospital will also be reintroduced.

A comprehensive review of the Mental Hygiene Law is being made with a view to making all parts conform and to revising certain sections which are either obsolete or inconsistent with present practices. Sections having to do with the administration of hospitals were assigned to Dr. Keill; those having to do with the administration of the Department generally to Dr. Bellinger; those dealing with State schools to Dr. Kelleher; those governing Craig Colony to Dr. Veeder; the sections relating to the bureau of special examination and licensed institutions to Dr. Pense and the sections governing fiscal matters to Mr. Doran. It has been requested that copies of reports thereon be forwarded to the undersigned and to the Department for consideration at the next meeting of this committee. The proposed changes will then be drafted by Mr. Rickards for submission to the Governor's counsel, after clearance with other departments concerned, during the period from August 15 to September 15, 1945.

The committee at the first two meetings discussed a wide variety of subjects which were believed to be in need of attention. These have to do largely with the coordination of the amended laws of 1944. Changes in nomenclature are needed. In general, the committee believed that the amended provisions having to do with admission procedures were satisfactory as regards voluntary admissions and admissions on physician's, health officer's and psychologist's certificates.

The committee believes that the present procedure providing for the certification of a mentally ill person by a judge for observation, followed within 60 days by a

certification of the director, making the order final, is of small benefit to the patient and creates administrative difficulties. One member of the committee also questioned the constitutionality of this procedure whereby the director may be said to step into a judicial capacity.

The committee earnestly requests full discussion of the admission procedures by all members of the conference.

In connection with the certification of a psychoneurotic patient, a more precise definition in the law of "mental illness" was urged. The committee also discussed the propriety of inserting definitions for other terms.

Subdivision 3, Section 2, Article I of the Mental Hygiene Law now defines a mentally-ill person as meaning "any person afflicted with mental disease to such an extent that he is incapable of managing himself and his affairs and for his own welfare, or the welfare of others, or of the community, requires care and treatment.

Two alternative definitions have been suggested:

1-A. "A *mentally ill person* means any person afflicted with mental disease or disorder to such an extent that for his own welfare, or the welfare of others, or of the community, he requires care and treatment in a mental hospital."

1-B. "A *mentally ill person* means any person showing a departure from his normal manner of knowing, thinking, willing, feeling and acting to such a degree that for his own welfare, or the welfare of others, or of the community, he requires care and treatment."

Other definitions include the following:

2. "*Mental illness* means a departure from an individual's normal manner of knowing, thinking, willing, feeling and acting to such a degree that for his own welfare, or the welfare of others, or of the community, he requires care and treatment."

3. "A *mentally incompetent person* means any person afflicted with mental disease or defect to such an extent that he is incapable of properly managing himself and his affairs."

4. "An *epileptic* is a person suffering from a condition characterized by recurring brief attacks or seizures, accompanied by loss or impairment of consciousness, with or without convulsive manifestations or mental change."

5. "A *dotard* is a person of advanced years whose mental processes have been weakened or impaired, but who shows no delusional formation, hallucinations, behavior or emotional variations characteristic of mental illness."

Again, the committee is anxious for full discussion by the conference of these proposed definitions.

The committee generally agreed that an effort should be made to clarify the ambiguity surrounding the use of the words, "certification," "certificate," "certify," etc. The committee discussed particularly the confusion in the public mind surrounding the terms, "qualified examiner" and "qualified psychiatrist." It was suggested by one member of the committee that the term "registered examiner" be substituted for the term "qualified examiner."

It is the chairman's understanding that an expression of opinion is now invited in order to formulate an estimate as to which sections of the law cause concern to those who are operating under it. It goes without saying that a revision of the Mental Hygiene Law cannot be approached hastily. There are defects, no doubt, but after all, it is a product of trial and error, going back over a long period of time. For many years an attempt has been made, with progress, to provide care for the mentally ill promptly and easily, and at the same time soften the shock to those con-

cerned. This is made possible by changes in nomenclature, by voluntary admission, and otherwise.

If this conference will give us some help through constructive criticism I think the committee will be justly grateful to you.

JOHN L. VAN DE MARK, M. D.,
Chairman, Committee on Legislation

Dr. MacCurdy explained that it was not the Department's purpose to rewrite the whole Mental Hygiene Law but to restudy it with a view to conforming and revising certain sections, which are either obsolete or inconsistent with present practices, and to eliminate ambiguities, and redundencies. With this in mind, Dr. Bigelow reinforced Dr. Van De Mark's request that the directors offer suggestions to the committee.

The advisability of inserting certain definitions into the law was discussed. Dr. Bellinger felt that the definition used in the present law for a mentally-ill person was inadequate and should be changed, as not all mentally-ill persons are incompetent. He said that caution should be used about writing definitions into the law and remarked that if they were to be used, they should be carefully worded to avoid criticism. Dr. Bigelow asked that expressions of opinion on this subject be sent to the committee.

A majority of the directors were of the opinion that the present procedure providing for the certification of a mentally-ill person by a judge for observation, followed within 60 days by a certification of the director making the order final, was of small benefit to the patient and created administrative difficulties. Mr. Rickards suggested retaining the 60-day observation period in the law but amending the disputed section to read "unless the person certified is discharged within the period of 60 days, the order becomes final." Some of the directors suggested a return to the old certification law. Dr. MacCurdy felt there should be uniformity as to the period of observation in all sections of the law, pointing out that Bellevue and other psychopathic pavillions would have to be considered in this connection, since varying periods would cause difficulty with patients they wished to treat for short periods without certification. He referred the problem back to the committee for further study.

New Business

PROPOSED FEDERAL NEUROPSYCHIATRIC RESEARCH INSTITUTE

Dr. MacCurdy spoke of the proposed Federal bill to establish a Neuropsychiatric Research Institute under the United States Public Health Service. Dr. Lewis, who is on Surgeon General Parran's advisory committee in this connection, said that for years they had wanted more specialists in nervous and mental diseases in the central offices of the Public Health Service, and had wished to establish training fellowships throughout the coun-

try, to provide funds for enlarged research activities in this field. The administration of the program would be centered in Washington, he said, but would be an elastic arrangement from the standpoint of obtaining men from various states to attack the enormous problem of mental disorders and their more effective treatment and prevention. He agreed with Dr. MacCurdy that the part of the bill placing the supervision of the funds under state departments of health, rather than under departments of mental hygiene and similar organizations, was open to question. Dr. MacCurdy said that the Massachusetts Department of Mental Health and the Department of Institutions and Agencies in New Jersey were disturbed about this aspect of the legislation and had suggested a resolution calling for a modification of the bill so that the department which is active in the neuropsychiatric field be the designated department in each state to deal with the United States Public Health Service. He delegated Dr. Bellinger to draw up an appropriate resolution and said he would appoint a committee to study the entire bill and to make further recommendations.

REVISION OF GENERAL ORDER NO. 10

Mr. Rickards spoke on a proposal to revise General Order No. 10, explaining that the purpose of amending this order was to avoid difficulties with the Attorney General's office with respect to the investigation of legal processes. Under the present order, it is the responsibility of the institution to send all legal processes to the Attorney General's office and to the special agent. Both parties investigate the matter, and the special agent, if it concerns a reimbursement problem, is likely to endeavor to close it while at the same time the Attorney General may be handling it in a different way, thus causing confusion. The proposed amendment, Mr. Rickards said, was for the purpose of clarifying the procedure. The essence of the amendment, he explained, is that papers that should go to the Attorney General's office are papers in matters wherein the Department is a defendant or a party to the proceeding, as under the law the Attorney General is the attorney representing the Department and its institutions in any actions. Any other papers served upon a patient need not be sent to the Attorney General because his duties as defined by the law do not include representation of the patient or his interests. Such papers should be transmitted to the special agent, as they usually involve the patient's property, unless the action concerned is a habeas corpus proceeding, in which event the Department is represented by the Attorney General's office. When it is necessary for a patient to be represented in court, a special guardian, appointed by the court for the particular proceeding, protects the patient's interest.

A suggestion by one of the directors that a clause be included in the revised general order to require attorneys to furnish four copies of legal papers, so there would be enough to send to the proper interested sources, was approved.

RELEASE OF INFORMATION CONCERNING PATIENTS

A proposed circular giving specific instructions on the release of information from patients' records, pursuant to Article V, Section 84 of the Mental Hygiene Law, was discussed at length. The directors complained of the great number of subpoenas, many of which were not signed by a judge of a court of record, for patients' records. Others stated that even when a judge had signed a subpoena, the records were frequently lost in court; and there was general dissatisfaction with the irregular procedures employed in efforts to obtain confidential information from the records to the detriment of the patients' interests. Mr. Rickards suggested that Section 84 be amended with respect to the submission of patients' records to a court, specifying parts of the law that should be amended and those that should be retained. Dr. MacCurdy directed that such an amendment be drawn up for further study.

Dr. MacCurdy also directed that the sentence in the proposed circular stating that "The Commissioner consents that the medical record or an abstract thereof" be given should be changed to read "The Commissioner consents that an abstract of the medical record" be given, leaving out the record itself. He felt that no agency was entitled to the original medical record. Many questions were raised as to the various types of information requested which were not covered in the proposed circular letter. Dr. MacCurdy said it would be impossible to cover all contingencies that might arise and that the policy was to define the underlying principle which would permit as much latitude as possible to the directors, so that as few requests as possible would have to be cleared through the Commissioner's office. It was suggested, however, that the proposed circular be made more specific in certain respects.

Administrative Round Table

After recess the directors and acting medical inspectors reconvened for the first administrative round table of the Conference. The following subjects were discussed.

PROTECTION OF VISITORS

For the welfare of patients and their visitors, consideration was given to the methods of handling visitors and to provisions for visiting rooms in the

postwar plans for new buildings. It was generally agreed that more space was needed than is now available for this purpose. It was suggested incidentally that the basement space in buildings could be utilized to good advantage for recreational purposes.

COMMITMENTS TO MATTEAWAN STATE HOSPITAL

Patients who commit felonious assaults may be committed to Matteawan State Hospital, either as a result of the findings of a commission established in accordance with Section 85 of the Mental Hygiene Law or after indictment as provided for under Section 658-662B of Chapter 5 of the Code of Criminal Procedure. In the latter instance, the patient is brought into a court of competent jurisdiction; and, should it appear that he is of unsound mind, as substantiated by a report of two qualified psychiatrists, the judge is then empowered to commit him directly to a State hospital either in the Department of Correction or the Department of Mental Hygiene. Although the determination as to which procedure shall be followed rests primarily with the county authorities, the directors felt they should have some protection against the admission of patients who had committed serious crimes, since their institutions are not of prison construction, the wards are overcrowded, and the personnel is not adequate to care for dangerous cases. Others reported that they had some difficulty in transferring all of their dangerous patients to Matteawan because of overcrowding there. Dr. MacCurdy suggested that under an "exchange" system directors may be able to send their dangerous cases to Matteawan in return for that institution's more quiet types of cases. In that connection, some directors remarked that they would like to see Matteawan adopt its own parole system rather than rely on the procedure of transferring patients to our institutions when they were considered ready for convalescent status, which places the responsibility for the release of these persons on our institutions.

NUTRITIONAL PROGRAM

Dr. MacCurdy introduced Mrs. Katherine C. Flack, the Department's director of nutrition services, who presented the following report:

Preliminary visits to our State institutions have been made in an effort to become acquainted with the type of institution and some of its problems. It has been possible to visit 11 of the institutions and I hope to have the opportunity to visit the remaining State institutions in the near future.

I realize that in these cursory inspections of the food service departments, it is impossible to appreciate fully the problems of each institution. Nevertheless there are a few problems common to the majority visited.

The year after year feeding of our patients is a tremendous business, an especially difficult business today with food rationing and food shortages, but yet our menus must be well planned, with a knowledge of the principles of nutrition as a

basis for planning. An experienced, capable, well-trained dietitian is best qualified to do this for each institution.

Inasmuch as food must be contracted for by the quarter, it is necessary to estimate the amount of food required some time in advance. Established usage is now the means employed to determine the supplies required in our State institutions to date. It is possible that a more practical method may be developed by making consumption studies and adjusting a tentative ration until a standard adequate ration for one day is established which meets the recommended dietary allowance set forth by the National Research Council of Washington, D. C. From this, the quarterly ration would be calculated. This ration would set up the quantity of food needed which would be supplied partly by purchase and partly by planned local production. This system of food control would assure each institution and each unit of an institution a well-balanced and adequate ration—that is, one which considers the caloric and nutritive value and balance of the food served to the patients as well as its price and availability.

In the inspection of food preparation and serving units, an attempt has been made to determine the condition in which the food leaves the kitchen and the palatability of the food as it is served on the table or over the cafeteria counter to the patient. There seems to be a definite need for greater control over food preparation in our institutions. This can be accomplished through the use of a "quantity food preparation manual" which meets our institution needs and by close supervision of our food preparation. The use of a food preparation schedule to fit the needs of each institution would guard against the preparation of food hours before time for service. It is hoped that in time it will be possible to establish cooking schools where all of our kitchen employees may be properly trained not only in cooking technique, but also in the sanitary handling and storage of food.

Closely related to the food preparation is the regulation of food service and the study of waste resulting from various types of preparation and menus. Again it is necessary to have properly trained employees responsible for the service of food and the sanitation of the dishes. The responsibility of the food service department should not end with the preparation of the food. Dishwashing procedure must be taught and carefully supervised. Many of our faults may be attributed to the employee situation today, but it is hoped that we will be able to provide proper employee training in the near future in order to assure a high standard of food service in our State institutions.

Today, when so much is being done in postwar planning, I feel that some of our attention should be given to plans and facilities for tray service and adequate tray storage in our new buildings. Many of our State institutions have good dining room and cafeteria facilities but lack provisions for tray service in wards where an increasing number of bed patients are confined.

PAY CAFETERIAS

Leighton Arrowsmith, administrative advisor of the Department, discussed plans to set up pay cafeterias in the institutions for the employees. He said these cafeterias should be entirely separate from the patients' kitchens and dining rooms; the employees should be able to purchase practically anything they wish; and the cafeteria accounts should be kept separately, so that fair prices could be established. The cafeterias would not be run for profit but would certainly have to be managed without finan-

cial loss. The Department was desirous, he continued, of establishing the project with the smallest possible capital expenditure; and, for this purpose, certain institutions had been selected where this policy could be tried. If the experiment proved successful, it might be possible in the future, he said, to erect special buildings for cafeterias. He also believed that the employees should participate in the operation of the cafeterias, since this would create more interest and satisfaction. Although the law permits the leasing of cafeterias to concessionnaires, he said, it was not the intention of the Department to do this in more than a technical way since the institutions should have some control over their operation.

Operating costs, the best methods of purchasing food and the use of patient help in employees' cafeterias were discussed. Dr. MacCurdy suggested that supplies for the cafeterias might be purchased through the institution stores. Mr. Everett Mulvey of the Division of the Budget said he thought this could be permitted in order to keep food costs down. The actual operating procedures would have to be developed on the basis of experience, Dr. MacCurdy said, since this was a new venture and much had to be learned as to practices and methods.

RESTRAINT AND SECLUSION

Dr. Arthur W. Pense, assistant commissioner, gave a brief résumé of his survey of the use of restraint and seclusion in the institutions and emphasized the following recommendations: (1) Restraint and seclusion should be used only when absolutely necessary for the welfare of patients. (2) Careful attention should be given to the patients' needs and comfort with respect to facilities, supervision, food, clothing and sanitary attention. (3) Adequate records should be maintained, preferably by the use of Form 101-Med., copies of which should be filed in the administrative office.

DEPARTMENTAL POLICY REGARDING INDIVIDUAL TRANSFER OF PATIENTS

Where the transfer of a patient is a matter of convenience to the relatives or is requested for other good and sufficient reasons, the Department has not always adhered to the policy of allowing the director of the receiving institution to review the patient's clinical history and indicate his willingness to accept the patient. Although the authority to transfer patients rests solely with the Commissioner, Dr. Pense stated that, in so far as possible, some policy should be worked out which would be satisfactory to all concerned.

An alternative method, which has been used by some of the directors, was suggested, whereby the director seeking to make a transfer would write to the Commissioner for the necessary order of transfer after he had

obtained approval from the director of the hospital to which he sought to have the transfer made. If an acute state of overcrowding existed at the receiving hospital, a mutual transfer on an exchange basis could then be arranged. Any declination, however, would be subject to approval by the Commissioner.

A few of the directors thought this might not work out, since the director of the receiving hospital might be prejudiced against receiving certain types of patients. The discussion was inconclusive, but the majority felt that the suggestion should be tried out temporarily, with the Department making the determination in cases where no mutual agreement between the directors could be reached.

CONTINUATION OF ADMINISTRATIVE ROUND TABLE

After luncheon, the Conference adjourned to Central Islip State Hospital for a continuation of the administrative round table, with Commissioner MacCurdy again presiding.

STATUS OF POSTWAR CONSTRUCTION PLANS

William A. Clifton, supervising engineer of the Department, presented the following report on postwar construction plans:

The Department has to date submitted to the Postwar Commission a total of 294 projects, the estimated cost of which, based on 1940 prices, is in excess of $135,000,000.

Of these 294 projects, 98 have been finally approved by the Postwar Commission; and appropriations have been made by the last Legislature for 28, totaling $25,598,901.

The balance of the present program, with the general exception of staff accommodations, has, we understand, been tentatively approved by the Postwar Commission.

Of the 98 projects finally approved by the commission, 43 have been allocated to associate architects and engineers; 32 to the State architect, and 23 have not as yet been allocated.

Up to June 18 of this year, the Department has received plans for 29 projects. Of these, final approval of working plans and specifications has been given for five projects, and approval of preliminary plans has been given for nine others.

At this time, we have before us for consideration preliminary plans for 15 projects, seven of which are for medical and surgical buildings, three for disturbed patients' buildings, one for additional power plant facilities and the balance for miscellaneous items.

You are all familiar with the procedure used by the Department in the development of the present program. Inspections were generally made at each institution, and a conference was conducted with the director and his assistants to determine necessary and desirable projects. Space requirements were next developed by the Department and the items then referred to the State architect for estimates. Conferences were had with the Division of the Budget, and, after approval by the division, the projects were submitted to the Postwar Commission for consideration.

Upon approval by the commission, the projects are referred by the commission to Mr. Sells, superintendent of public works,

for his selection of an associate architect or engineer, or for assignment to the Department of Public Works to prepare the plans and specifications.

After the architect or engineer is appointed, the Postwar Commission—unless the architect is the Department of Public Works—arranges an orientation meeting at which are present the architect, members of this Department, the Department of Public Works and the Postwar Commission. The location of the building or buildings, the service to and from them, and general requirements and instructions are set forth for the architect.

Pre-preliminary plans, generally at 1/32″ scale, are then prepared by the architect, and prints are forwarded to the Postwar Commission and by the commission to this Department. The Department forwards one set of prints to the director of the institution for his comments, and, after receipt of these, the Department surveys the prints, considers the director's comments and prepares a memorandum of all desired major revisions. A conference is then held with the architect, Postwar Commission and Public Works Department representatives at which the desired revisions are discussed. If the revisions are radical or many, the architect is required to revise his pre-preliminary plans and resubmit plans for a second survey, and the procedure is repeated until satisfactory pre-preliminary plans are obtained and approved.

When the pre-preliminary plans are satisfactory and have had Dr. MacCurdy's approval, the architect is then required by the Postwar Commission to prepare final preliminary plans, generally at 1/16″ scale, and to submit prints thereof through the Postwar Commission to the Department for further consideration. At this point, we are supposed to have obtained, through our examination and comments on the pre-preliminary plans, satisfactory general arrangement of all services and are supposed to be restricted in the way of further revisions to what might be called minor changes.

More or less the same procedure in our examination of the final preliminary plans is followed as for the pre-preliminary plans. When the final preliminary plans are approved by the Department, the Postwar Commission is so notified; and the architect then proceeds to develop his working drawings and specifications which, when completed, are reviewed and finally approved in the same manner as working drawings and specifications prepared by the State architect have been approved in the past. Complete sets of prints of working drawings and copies of specifications are sent to the institution concerned, and, when approved by the institution, are finally considered by the Department and approved or otherwise commented on.

The survey and examination of preliminary drawings are time-consuming and, because of lack of time on the part of the Commissioner, the deputy and assistant commissioner and others of us who are concerned, and because of lack of personnel in the engineering bureau, the Department has been hard put to keep up with the parade of preliminary plans; and, in fact, we have lagged behind the time schedule set up by the Postwar Commission. Many of the projects are for medical and surgical buildings, each varying from any one of the others as to its functions, etc., so that no general plan of arrangement can be followed. Each of these projects, however, has certain common activities; and diagrammatic drawings of diagnostic clinic, laboratory, school of nursing, typical chronic ward layout and operating suites have been prepared and have been forwarded through the Postwar Commission to the various associate architects. We anticipate that because of these diagrammatic drawings much time will be saved in the future examination of preliminary plans for medical and surgical buildings.

WILLIAM A. CLIFTON, C. E.,
Supervising Engineer

PROGRESS REPORT OF FELD-HAMILTON RECLASSIFICATIONS

Dr. MacCurdy presented J. Earl Kelly, director, division of classification, Department of Civil Service, who reviewed the work of the Classification Board to date. During the past 20 months, some 3,700 cases of employees dissatisfied with the titles of their positions have been heard. Of the approximately 3,400 cases which, Mr. Kelly said, have been decided, some 1,500 have been reclassified. As the Division of the Budget disagreed in some instances, or members of the board were confronted with perplexing problems in other instances, Mr. Kelly said, there was a backlog of about 300 unsettled cases; but it was expected to resolve these in the near future. When the work is completed, the board expects to have heard a total of 4,500 appeals, and, but for the splendid cooperation received from the Division of the Budget, and from the directors and employees of the institutions, Mr. Kelly said, the board would not be so near the end of its task as it actually was at this time. To date, hearings at 22 of the 26 Mental Hygiene Department institutions have been completed, and a certain amount of review work will be necessary for the institutions covered earlier because of the experience gained by the board in the later hearings.

Mr. Kelly explained the reasons for the reclassification of certain groups, such as the medical staff, and cited some of the problems the board was meeting in the determination of classification in such institution departments as the business office, power plant, maintenance, farmer and occupational therapy groups. He said the Classification Board hoped to find an equitable and fair method of solution in these cases, bearing in mind the fact that the board was reclassifying positions, not individuals.

MILITARY VACANCIES

After Mr. Kelly replied to some questions from the floor concerning other classification problems in the institutions, Dr. MacCurdy presented Mr. Charles L. Campbell, administrative director of the Department of Civil Service, who discussed the military law under which the Civil Service Department will operate with respect to the rights of returning veterans. The whole purpose of the law is to give back to the returning veteran exactly the same rights, no more and no less, that would have been his had he not entered military service. The law has been summarized, Mr. Campbell said, in a pamphlet entitled "Civil Service Rights of the Returning Veteran," and he explained in detail the main points involved as follows:

(1) The veteran has the right of reinstatement to the same position which he left if he makes application for it within 90 days after his dis-

charge. Beyond the mandatory 90 days, there is a provision in the law giving an appointing officer the permissive right to reinstate a veteran during an additional nine months' period.

(2) The law defines a public employee as any employee in the noncompetitive as well as competitive class, in the labor service or in the exempt class.

There is a slight difference in the reinstatement law in the case of the exempt employee, namely, if an appointing officer has filled a position on a substitute basis or has held it open, the exempt employee has the right of reinstatement. However, if the appointing officer has cancelled the exempt employee appointment, or has made another permanent appointment to the exempt position, the right for reinstatement ends at that point for the exempt employee.

(3) Military duty constitutes service in the army, the navy and the American Red Cross in foreign service with the American army; a person in the Red Cross serving in this country has no rights of reinstatement. Military duty also includes service in the merchant marine.

(4) The law provides that the service record rating of an employee in military service shall be the average of the last three ratings received before entering military service, or the last rating, whichever is higher. He cautioned the directors to maintain these ratings so that if and when a veteran returns and the Civil Service Department needs a rating for promotion purposes, the record will be available.

(5) Whatever accumulated sick and vacation leave a veteran had before he entered military service stands to his credit until he returns and is added to the time he will accumulate after he is reinstated. Such time is not cumulative during the period he is in military service.

(6) When a man returns from military service, he has certain promotion rights. Here again Mr. Campbell said, the provisions are to treat the man exactly as though he had remained in service. If a promotion examination was held while he was in service, the veteran has a right, if he makes application within 60 days, for a special examination, an equivalent examination to place him on that promotion eligible list.

If a promotion list on which a veteran is named has expired, or if it expires after he comes back, he has a further right to have his name placed upon a special list so that his total time on the promotion eligible list from the time he passed the promotion examination until he comes back shall not be less than two years.

Mr. Campbell said the Civil Service Department was having some difficulties in that connection, because there was a good deal of confusion in the minds of veterans who have already returned and who feel they have

a preferential right to appointment from the special military eligible list. The law, he explained, does not give any special preferential rights to appointment. It simply says that there shall be a special eligible list, and veterans shall have preference in certification only, so that if there were just one name on a special military list, and a promotion list was subsequently established with many names, the certification list would contain first the name of the man on the special military list, plus two names from the regular promotion list.

Mr. Campbell told the directors that they did not have to appoint the man from the special list but that they had a choice, as usual, of one out of the three names certified. The only difference would be in the case of the man who is on the special list, who has a veteran's preference. In that event, he must be appointed; there is no choice.

(7) If, during an employee's absence on military leave, his position is abolished, he is placed on a preferred eligible list in exactly the same way as if he were in the job, and in the same order. He receives no particular preference in this case.

(8) If there is a preferred eligible list for a position and a special military list for the same position, Mr. Campbell told the directors to bear in mind, the law states that the special military list shall be certified before any subsequent list; and, whether the preferred list precedes or follows the special military list, would depend upon the time of its establishment; whichever was established first would be the first one certified.

(9) Veterans' preferences, the rights of veterans coming back to State service, apply not only to competitive positions, but they apply to all employees, to noncompetitive and exempt employees as well.

The law provides something new which the State service has never had before, Mr. Campbell continued. When a man who has been in a noncompetitive position comes back from military service, he, too, shall have his name placed upon a special reemployment list. This list will have to be certified for filling noncompetitive and labor class positions before an appointment can be made, and anyone on the list can be selected—not just one of the first three. No one can be appointed who is not on the list until an appointing officer has certified to the Civil Service Commission his reasons as to why it is impossible to appoint from the reemployment list.

(10) Another point which Mr. Campbell stressed was the status of veterans who are on existing lists. These are not necessarily already State employees, although some of them may be. Most of them will probably be people who were not in the State service but were on lists when called into military service. These people will also have their rights preserved just as if they had not gone into military service. If their names have been reached

for certification and have been passed over on the eligible list because they were in military service, they will be placed on special military lists provided applications are made when the veterans return. Subsequently, Mr. Campbell said, these veterans would have to be considered again for possible appointment.

(11) Mr. Campbell defined termination of military service, stating that if the veteran who has 90-day reinstatement rights fails to make application for reinstatement within that period, he loses his mandatory right. Thereafter, his reinstatement becomes solely a discretionary right for another nine months with the appointing officer. If he is killed in action, the Civil Service Department must have official evidence. An arrangement has been made with the retirement system to find out officially through the War Department the facts as to a man's death and then to advise his appointing officer that the system has an official notice to this effect, whereupon, any substitute appointment that has been made in that man's place will stand, because the position is no longer a military vacancy.

Another type of case which will arise occasionally, Mr. Campbell said, is that of the man who is discharged from military service on condition that he enter an essential war industry. When applying for reinstatement in his position, it will be necessary for him to supply the appointing officer with some kind of an affidavit from the United States Employment Service, or some official, as positive proof that he has been employed in an essential industry since his discharge.

(12) The civil service must know that a man is honorably discharged from military service. For this purpose, an affidavit form has been sent to the institutions, and any responsible officer can fill it out, certifying to the Civil Service Department that he has examined the discharge paper and noting other essential facts.

(13) A man who is discharged from military service with a temporary disability is continued on military leave, as far as New York State is concerned, and his position is held open for him, Mr. Campbell continued. He has 90 days from the time he is discharged from his temporary disability in which to make application for reinstatement. So that temporary disability rights will not be claimed unjustly, as has been done in a few instances, Mr. Campbell said the law in this connection was amended last year giving the Civil Service Commission a right, if it is deemed necessary, to determine by medical examination or otherwise, whether the temporary disability status should be terminated. The law was also amended to give the Civil Service Commission the right to transfer an employee from one position to another, at no higher salary than received in the old position, when a veteran is physically unable to return to his old position.

(14) Another problem that will arise in the near future is the question of a veteran's rights for a leave of absence for training under the G. I. Bill of Rights. Mr. Campbell said the Civil Service Department has been working on this in cooperation with the State Veterans' Commission, and he thought it would not be long before they would adopt and send out definite instructions as to what may be done for the veteran who wishes to take advantage of the training opportunities offered by either the Federal or State government, and who desires a leave of absence for that purpose.

(15) Mr. Campbell advised the directors to list the names and the positions held at the time, for all those who entered military service and have rights as public employees returning therefrom, and the salary received, with the accumulated increments due. In conclusion, he also advised the directors to take an inventory now of all positions actually available that belong to veterans, and, if any positions are not available, to make definite plans as positions become vacant to reserve them for the men coming back, or until they are certain whether the veterans are returning, so that difficulty and confusion for all concerned may be avoided.

In response to questions from the floor, Mr. Campbell elaborated on some of the points made in his talk. One of the directors was concerned about reinstatement rights of employees who resigned their positions before entering military service because they needed the money which had accumulated in their retirement funds. Subsequently, the law was amended for these cases, permitting the withdrawal of all but $1 from a retirement fund without the necessity of resigning from service. Mr. Campbell replied that he did not know to date what could be done for these people.

The question of types of discharge other than honorable and dishonorable was also discussed. Mr. Campbell said they had records of approximately 20 different types of discharge and that he had spent many hours with Federal officials in efforts to determine what they meant, how they were to be defined and whether or not the State Civil Service Law applied to them. He intimated that this would present something of a problem and that the only suggestion he had for the time being was that any case of a veteran returning with a discharge other than "honorable" be submitted to the Department of Civil Service for study.

Civil Service Discharge Procedures

Procedures with respect to suspensions and dismissals from service were the final subject discussed at this session. In this connection, Mr. Campbell referred the directors to the manual on disciplinary action issued by the Department of Civil Service three years ago, which was very thorough and complete and intended to meet all such situations. He cautioned that

the law provided that suspension of an employee could not be for a longer period than 30 days and that charges must be prepared and preferred within that period. Obviously, he said, if the Civil Service Commission is to review on appeal a disciplinary action taken by the director, it must have a clear and substantial record on which to hear the appeal, and he described the sequence of steps in the procedure to be followed.

However, the speaker said, if an employee is a veteran or a volunteer fireman, one cannot simply prefer charges against him in writing and then dismiss him or take other disciplinary action. He must have a hearing, and he has the right to be represented by counsel. In many departments that is the standard practice with every disciplinary action, Mr. Campbell said, whether the employee is a veteran or a volunteer fireman or not. In these departments, employees always receive hearings, and the Civil Service Commission advocates this procedure in the interest of good employee relations. However, by law, one is compelled to give a hearing only to veterans and volunteer firemen. To the others, one can simply submit charges in writing, accept the answer in writing, and make a determination without discussing the matter with the employee at all.

There are only two reasons, Mr. Campbell pointed out, for which such action can be taken, namely, incompetency and misconduct, and he described the penalties which could be imposed when an officer or employee is found guilty. All of the provisions, he said, are fully covered in the manual, which contains information of every sort—even with sample charges and specifications and other information a director may need to guide him in the preparation of charges and in determining what penalties should be imposed.

An informal dinner was served at Central Islip for the members of the Conference, ladies and guests. Dr. MacCurdy introduced the Hon. Perry B. Duryea, Commissioner of the Conservation Department, Albany, who spoke on the conservation program in New York State.

Scientific Session

After dinner the directors and acting medical inspectors assembled for a scientific session at which a paper was presented by Major C. F. Von Salzen, M. C., chief, reconditioning division, Army Service Forces Convalescent Hospital, Camp Upton, N. Y.

Reconditioning and Convalescence

"Dr. MacCurdy visited Camp Upton about six weeks ago, before our building program really got under way. At that time we were spending a million and three-quarters dollars. We have since that time spent about four and one-half million dollars.

"At the time Dr. MacCurdy visited us, there was a great deal of building activity. If he were there today, however, and were to stand in one spot more than 10 minutes, we would be building a building around him.

"The speaker has been asked to tell you something about the Convalescent Hospital, because the Convalescent Hospital is one of the new contributions to the medical department of the army in this war. It is a unique type of installation, something which the speaker doubts any of you have seen before.

"Perhaps the best introduction is to take a trip overseas to join the men who have been doing the work, starting with a wounded man and going back through the chain of evacuation.

"One may take, for example, John Doe, a young combat infantryman, who was hit by fragments in January, 1945, in the European theater of operations from a burst of enemy shrapnel, incurring wounds in his femur and in his left arm. He was taken to the battalion aid station within 20 minutes of his wounding. There his wounds had a brief evaluation. He was found to have a compound comminuted fracture of his left elbow, and a compound comminuted fracture of his left femur. He was in primary shock.

"John Doe had a better chance of survival than he would have had, had he incurred the same wounds during the first World War. There were three reasons: first, because in this war we are taking surgry to the patient; second, because by the use of plasma, whole blood and whole blood substitutes, shock is prevented or is better managed after it sets in; third, because of chemotherapy which has worked such miracles in the past nine years.

"John Doe's wounds were dressed and splinted. He received plasma and morphine and tetanustoxoid booster. He was removed to the collecting station within an hour or an hour and a half of his wounding. From there, he was taken to the clearing station where a further examination was made, additional emergency treatment was given, and within five hours of his wounding he was in the evacuation hospital which was equipped to do major surgery.

"There, X-rays were made and the extent of his injuries was determined —the shattering of his humerus, his ulna, his radius, the shattering of his femur with compounding, obvious interference with blood supply of the upper extremity, and nerve laceration.

"He received the treatment he required, and within three days was flown to England. A month later, after a change in body cast, he was flown back to this country and taken to Rhoads General Hospital for definitive treatment.

"That man will come to the Army Service Forces Convalescent Hospital at Camp Upton tomorrow. He will present the typical picture of a convalescent patient. He has had serious, debilitating wounds, followed by numerous operations, and the peculiar physiological picture coincident with disease or injury has set in: increased metabolism, destruction of tissue, loss of fluid through exudation, toxic destruction of protein, and negative nitrogen and calcium balance. Yet he does not present the typical convalescent picture as you know it. His weight curve is rising; he does not have the dizziness, the dyspnea, the tachycardia, the vasomotor instability, the ankle edema, the peculiar psychological attitude which goes with the convalescent patient.

"He is not the typical convalescent, one thinks, largely because of a program of reconditioning which was begun back in the evacuation hospital and which has been continued throughout his period of hospitalization through to this country.

"Reconditioning may be defined as planned convalescent care. It is not to be confused with rehabilitation, which is a prerogative of the Veterans' Administration by Act of Congress, and which is concerned with improving the earning power of disabled veterans. Reconditioning has as its mission the restoration of men to their optimum physical, mental and emotional health.

"This program was instituted by the surgeon-general in February, 1943, primarily to shorten hospitalization. As you may know, the manpower situation at that time was acute; the war had not yet taken a good turn, and it was necessary to avoid wastage of man hours. To get men back to duty more quickly and in better physical condition, the program of reconditioning was instituted.

"But reconditioning has as its mission, not merely the shortening of hospital stay or the improving of physical tone, but also the motivation of the soldier. Probably one of the most difficult tasks of medical officers in this war, and certainly of neuropsychiatrists, is concerned with motivation of soldiers, instilling in them the willingness to conform to the necessity which confronts us.

"In this war, the nation had no simple catch phrase such as 'Make the world safe for democracy;' no such tune as 'Over There,' has made the 'Hit Parade.' Our soldiers entered World War II with the conviction that there was a dirty job to be done and done well, but not with the hysterical enthusiasm which seized the soldiers of the first World War, and not with the hypomania which characterized our war workers and our civilians in 1942 and 1943.

"Our men entered the war also with serious doubts as to what would be waiting for them when they came back. The soldier's memory was very vivid as to what happened after the first World War. Poorly prepared psychologically for war, there was a tendency in the wounded soldier and the man who did give part of himself, to deny the rest of himself. The psychiatrist's mission was to counteract this to overcome the hostility and the bitterness and the aggressiveness, and to 'remotivate' men back to duty.

"The psychiatrist has not been concerned entirely, however, with the man going back to duty, because he realizes that the man being discharged from the army must also be discharged in the optimum physical, mental and emotional health. Psychiatry is very much concerned about what is going to happen to the soldiers after discharge from the army; what will happen to them when they reach civil life.

"The convalescent hospital is like no other hospital you have seen. The entire post at Camp Upton, 6,500 acres, has now been taken over as a hospital. The wards are the barracks. The men are in uniform, not in bathrobes. They act and behave just like ordinary soldiers. Unless you examine them, unless you see the braces on their legs, unless you talk to them and get their psychological picture, you would not know that they are disabled soldiers. The medical officers like it that way.

"The convalescent hospital is organized with an administrative headquarters which is concerned with the housekeeping details of the post: engineering, supply, mess, all the other details that go along with administering an army installation.

"Newly-admitted patients are taken to the receiving division for indoctrination and processing. They are told there why they are in a convalescent hospital, what to expect from it, and what their responsibility is toward regaining their health.

"They are examined medically and by neuropsychiatrists, and are screened into the proper company and battalion of the reconditioning division. The reconditioning division is organized on a regimental basis, and all of the patients in the hospital are members of the hospital regiment.

There are four battalions, each of which is composed of patients who present the same type of disability. For example, there is a lower extremity battalion; an upper extremity battalion; a neuropsychiatric battalion, and an officers' battalion.

"Within each of those battalions there are companies which are also established according to type of disability. The less advanced patients are in the lower companies, and as they improve they progress from company to company.

"Each company also is composed of patients organized by similar types of disability. There are squads or platoons of ankle disabilities; knee and quadriceps; hand and wrist, et cetera. In the neuropsychiatric battalion, the patients are separated into groups of 'combat' or 'noncombat'-incurred cases; groups in which anxiety or hysteria is the predominant symptom. They are grouped further according to duration of hospital stay. The reason for this will be brought out later.

"For a percentage of patients who are poorly selected for the reconditioning, there is an infirmary division, which is the ordinary station hospital as you know it. This serves also as the hospital for patients, for example, who develop acute illnesses or acute exacerbations of earlier illnesses.

"When the patient reaches the hospital at Camp Upton, he is impressed first with the quarters where he will live. The staff believes that after two years in a foxhole the most comfortable barracks one can possibly make for a patient is sound treatment. So the barracks have been painted in pleasant pastel shades and there are curtains in the windows. You men who have been in the army would not believe this unless you saw it. Each barracks has a very comfortable dayroom.

"The medical staff is also concerned with what John Doe is going to eat. They believe that if he can have the best food he has had in the army, that is also good therapy.

"The program itself is in the form of a prescription. That prescription is prescribed by the patient's medical officer and consists of four different phases: physical reconditioning, educational reconditioning, occupational therapy, and recreation.

"The patients who are less advanced receive more educational activity. As they progress toward their optimum condition, more and more of the physical enters into it, so that at the ends of their stays, patients are able to take 15-mile road marches with full packs, and do nearly everything they did during their early training in the army.

"Physical reconditioning consists of two different types. First, there are the mass athletics and games which have as their purpose general body building and improvement of physical tone, as well as the fostering of group spirit through competition and playing together, which are attempts to overcome the isolationism which is very often characteristic of patients. There are also such things as calisthenics, road marches, bicycling, golf, tennis, riding, fishing, swimming, all graded to meet the individual needs of the patient.

"Then there is the other type of physical reconditioning with which Dr. MacCurdy was so impressed, the remedial apparatus. By this, is meant apparatus which has been designed to exercise a particular part of the

body. For example, there are shoulder wheels which promote circumduction of the upper extremity. There are wrist rotators, there are boards for exercising the fingers, flexing and extending them. There are ankle rockers, and different types of apparatus designed to attack specifically the part disabled.

"There is a swimming pool being built at present for resistive exercise, and of course there is physical therapy for those patients who require it.

"Educational reconditioning was inaugurated with the primary purpose of making the American soldier the best-informed soldier in the world. He is now better informed, age group for age group, and intelligence group for intelligence group, than any other group in the country.

"The medical staff considers orientation the most important part of education; the matter of teaching the soldier to know his enemy, to know his allies, to know why he fights, to learn to have faith in the future of the country and in his own future. To accomplish this, there are things like group discussion in which 25 men discuss topics such as 'Dumbarton Oaks,' 'What To Do with Germany After the War,' and other questions which trouble many of us.

"Those groups are led by leaders who have been especially trained in this technique and who are prepared by the War Department by means of various fact sheets. The hospital brings in guest speakers of high caliber to orient the patients on problems of national and international significance.

"There have been GI movies and combat bulletins, and new digests, to keep the patient abreast of news as it happens. Also in educational reconditioning, the hospital has had both the textbooks and correspondence courses prepared by the United States Armed Forces Institute. This institute has as its mission the preparation of correspondence and self-teaching courses which will approach the needs of every soldier in the army. At the present time there are 272 such courses. A soldier may learn to read in the army through one of these courses or, if he has not completed calculus in college, he can complete it in the service.

"The hospital also has instructors who prior to coming to the army were high school teachers, who serve as tutors for our patients in these USAFI courses.

"It is also made possible for soldiers to profit from their experience in the army through what is termed 'accreditation.' A soldier who has had his education interrupted because of the war may find that his military experience will be accepted by his school *in lieu* of part of the education he missed. For example, a man who left high school during the third year may by virtue of his application for accreditation receive a high school diploma.

"In addition, the hospital itself has established 40 educational and pre-technical courses which include advertising, agriculture, automotives, accounting and bookkeeping, drama, music, languages, and countless other classes in which a patient may participate, and where he may learn.

"There are 30,000 square feet of floor space for automotive machines, machine shop and welding.

"You are all familiar with occupational therapy, of course. We use it in a diversional as well as a functional sense. For example, the man who has had an abdominal wound and who requires strengthening of his abdominal muscles may also want to learn how to play a saxophone or a bugle. In this way, education and occupational therapy may be combined.

"The hospital has a building, set apart from the rest of the installation luckily, where one can hear 40 different persons playing 40 different types of instruments simultaneously and having a fine time.

"The treatment program utilizes the arts to a high degree. On the instructors' staff, there are some of the finest muralists and painters in the country. Some of the patients as well have had recognition prior to coming to the army. It is very gratifying to see a man who has been away from a paint brush and an easel for three years pick up the brush and try it again.

"One man whom the speaker recalls picked up the brush, trembling; he didn't know how to approach it again. It took days before he was able to go near the easel with a feeling that he could do something. He did. He has been discharged from the army and he is now back illustrating for a national magazine.

"The recreational phase has also been developed. There are the best Broadway shows at Camp Upton. There have been shows like 'Song of Norway,' which the speaker understands is now sold out for more than two months. Each week, there is one Broadway production. There have been big league baseball games every two weeks. There are the usual movies, USO shows, tennis, golf, riding, parties, dances, and, of course, library and playrooms.

"For the neuropsychiatric patient, the program is very similar. It also is prescribed by his medical officer. He has in addition to the activities described one hour of group psychotherapy daily. The reason the staff has placed the neuropsychiatric patients in companies according to duration of hospital stay is to enable them all to begin group psychotherapy at the same stage, and continue throughout as a group. Obviously this helps to break down reserve and resistance.

"The medical staff has learned that treatment need not necessarily be carried on by doctors. The physicians are making great use of their '263's,'

the social workers, who after sufficient indoctrination and training are able to carry on group psychotherapy. Great use is also made of our company commanders who are not medical officers but line officers, who are concerned primarily with the administration of the companies and battalions and the regiment, but who can be of great help to the patients when they themselves know something about the patients.

"The speaker wants to point out here that we know very little about convalescence. After the last World War, there was a brief spurt of interest in convalescence, which abruptly died off. In the past, convalescence has been synonymous with rest. Rest, however, means deterioration. It means atrophy of bone, it means physiological dysfunction. It means muscular wasting; and it means the peculiar psychological attitude of passive dependency, of mute acceptance of whatever is offered, and of dumb waiting for release.

"Evidence is accumulating to show that the rest cure recommended by the proponents of the Weir-Mitchell school is not so sound physiologically as it was formerly thought. In the 'Journal of the American Medical Association,' August, 1944, a symposium published on the abuse of rest brought some very interesting points to light.

"Harrison, from the viewpoint of the internist and cardiologist, writes, 'There is no proof that rest in bed carried on for many weeks after symptoms have disappeared is of value in the management of the patient with congestive heart failure, angina pectoris or myocardial infraction.'

"Powers, from the viewpoint of the surgeon, was able to demonstrate that early postoperative activity reduced hospital days from 16 to 10, and reduced convalescence from 10 weeks to five.

"Karl Menninger writes, 'The abuse of rest as a treatment in neuropsychiatric conditions represents a neglect or misunderstanding of the real pathological conditioning of a neurotic patient under the guise of a treatment which is not only futile and expensive, but often definitely harmful.' *A priori* reasoning leads one to the same conclusion. Man is an integrated whole, and man's behavior is the result of integrated activity of organs, ideas and emotions. With any interference with integrated activity there is de-integration or disintegration; and, logically, to restore integration, one must encourage integrated activity rather than aid and abet the disintegrating factors and thus cause fixation of symptoms.

"Results cannot be evaluated at this time. Our daily schedules are so filled with details that it is impossible to sit back and examine the work critically. One literally cannot see the forest for the trees. However, those who see patients as they come into the hospital and as they leave the

hospital, whether they are going back to duty or back to civil life, are much impressed with the transformation which takes place.

"There is a great need for the scientific method in this work, for the accurate recording of observations, for the collecting and classification of these observations and the discovery of hypotheses and theories, and then for the testing of those hypotheses and theories prior to interpretation. We have not yet reached that stage.

"The speaker would like to add to what Dr. MacCurdy has said and invite you out to see what we are doing. It will be a revelation to you. The staff will be very happy to show you around, preferably in groups."

Dr. MacCurdy: Is there anyone who would like to ask any questions? I want to thank the major for his presentation. I think it has been instructive to all of us, and I am sure that in due course most of us will avail ourselves of the opportunity of getting over to Camp Upton and seeing at first hand what is being done there.

I can assure you from my previous visit and the preview I had that I am going back once more, because there is a great deal of food for thought in what they are doing.

Dr. Gregory: I would like to ask about the group psychotherapy discussions and how they are conducted.

Major VonSalzen: You are undoubtedly familiar, sir, with the various technical bulletins the War Department has published on group psychotherapy. We adhere to them very closely. The therapy consists first of explanation. The first half-hour of the first session is taken up with an explanation of why nervousness occurs. Then the meeting is thrown open to discussion, and the therapist, who has developed some skill in the field, asks certain patients to discuss their own situations; what the environment was, what the *milieu* was in which a psychoneurosis developed.

About three-fourths of the patients have disabilities which first became evident in combat. Then as the sessions continue the patients learn about mental mechanisms, about the autonomic nervous system. They receive explanation and reassurance; and, after 20 such hours, each one has ventilated his own ideas, his own problems, in the group.

These groups, of course, live together, and each group consists of the men living on one floor of a barracks. They live together six, eight, 10 or 12 weeks, during which time they get to know each other rather well.

This convalescent hospital is not using the definitive treatments which are used in general hospitals, such as electric shock or narcosynthesis. Many patients have had shock treatment and other forms of treatment before coming to us.

Group psychotherapy appears to be rather worth while when individual therapy is impossible. The ratio of medical officers to patients makes individual treatment out of the question. As a substitute the method has many defects, but I think it does answer a number of problems.

Dr. Bigelow: I know that the shortage of personnel has made it necessary for social workers and lay people to take over psychotherapy; but, judging by the results of psychotherapy in the hands even of general practitioners, and certainly in the hands of nurses and occupational therapists and social workers, I would be skeptical that the overall result is worth the effort put into it. Certain individuals with the right type of personality would be relatively successful, but knowing the results frequently obtained by people who have the wrong personality or the wrong orientation, and, finally, lack of knowledge, it would seem to me to be a rather dangerous procedure.

On the positive side, I would like to call attention to an article in the "New York State Medical Journal," I believe, during the spring of 1943, reporting, I believe, a conference on therapy, entitled, "The Abuse of Bed Rest," which either came before or following the article Major VonSalzen cited.

At that particular conference, the actual change in bones and muscles, the increased incidence of embolism, thrombosis, postoperative deaths, and respiratory complications, as a result of the prolonged bed rest which we were taught when we were students and internes, is very strongly documented.

Over and above all these physical factors, as Major VonSalzen has emphasized, there is the ultimate, the pathological result of bed rest and isolation, so far as the neuropsychiatric patient is concerned.

I still think that many of us too often are inclined towards prescribing bed rest not only in the case of physical infirmity but also in the case of the neuropsychiatric disability.

Dr. Blaisdell: I would like to ask Major VonSalzen if he thinks that group psychotherapy should be used more in our mental hospitals, whether it has a place there to any great extent.

Major VonSalzen: To answer that I would first like to point out that the types of patients we are dealing with are very different from the types we are accustomed to see in state service. These disabilities occur in men who have already passed through numerous psychological hazards. They have passed the induction board, they have left their homes, they have gone through reception centers and through training centers. They have become regimented, tied down, and, finally, they have gone overseas.

They have endured things which belie description, things like 90 days' constant shelling at Cassino, for example.

Those men, to get there, had to be fairly well integrated. Our task is much simpler than it would be in the case of the man who did not get beyond the induction board.

I certainly think that we are learning something about group psychotherapy which can be tried in civilian practice. I do not know where the means will come from to treat patients individually on the scale that I think will be necessary after the war.

Chairman MacCurdy: Are there any other comments? If not, I should like again to thank Major VonSalzen for his contribution, and declare the meeting adjourned.

Further Committee Reports

The directors and acting medical inspectors assembled at Central Islip State Hospital on Wednesday morning, June 27, with Commissioner MacCurdy in the chair, for the purpose of discussing reports presented by the committees on construction; on standards and specifications; tuberculosis; statistics and forms; and professional and public education.

Committee on Construction

Dr. Worthing presented the following report for the Committee on Construction:

The construction committee met at the office of the Department in Albany on Wednesday, April 4. Present were Drs. MacCurdy, Worthing, Storrs, Travis, Keill and Bigelow, Mr. Cornelius White, State architect, and Mr. Arrowsmith and Mr. Clifton of the Department of Mental Hygiene. The meeting considered general layout schemes and space requirements for a variety of institution buildings.

Proposals for a generally-acceptable layout, showing the necessary floor space for an operating room suite were considered, the suite to consist of: sterilizing room; central supply; storage; operating room; wash and sterilizing room; auxiliary operating room; scrub-up room; doctors' room with toilet; nurses' room with toilet; induction and recovery room; nurses' office and instrument storage; equipment storage room; slop sink.

A layout for the plans for a school of nursing was also considered as follows: nursing arts room, a demonstration alcove; science laboratory; lecture room; four offices; attendants' classroom; storage; men's toilet; janitor's closet; principal's office; library; diet laboratory; classroom; women's toilet; dressing and coat room.

A typical layout for a chronic ward in a medical-surgical building, was presented. Preference was indicated for a ward arrangement which places the dormitory and the dayroom at right angles and which places at the intersection the following services: toilet and washroom; shower room; nurses' room; utility room; treatment room. Adjacent to the intersection should be placed the following rooms: clothes room; linen room.

Plans for a laboratory provide for: mortuary; autopsy room; refrigeration; general laboratory; media room; museum and conference room; chapel; store room; three general laboratory rooms; office records; doctor's office and lavatory with shower; janitor's room; animal room and feed storage.

Special and diagnostic clinics were considered, with layout plans for: waiting room with toilet; dental chairs; laboratory and dark room; dental office and records; eye, ear, nose and throat room; nurses' office; electrocardiographic room; electroencephalographic room with control room attached; drug storage—drug dispensary and drug manufacturing room; storage room; janitor's closet; doctor's office; two dressing rooms; two treatment rooms.

The X-ray department is to have: radiographic, fluoroscopic and deep therapy facilities; dark room; toilet; office and record room; dressing booths and toilet.

Plans showing the number of rooms, the sizes of the rooms and the general layouts are to be drawn up and blueprinted and a copy of these plans to be submitted with this report to each member of the Conference for comment. We then expect to submit copies of these plans to each architect who is making drawings for any project so that he will have an idea of what the committee believes are proper space requirements and arrangements for the various facilities mentioned in this report.

The committee met again at the office of the Department in Albany on Wednesday, May 16. In attendance, were Drs. MacCurdy, Storrs, Travis, Keill, Bigelow and Pense and Mr. Clifton and Mr. Shea.

The following topics were discussed:

Single Staff Residences for Medical Staff and Business Officers

The following were recommended as the requirements for the residences of the following:

Senior Director and Director

Basement: recreation room with fireplace; storerooms; toilet and lavatory; laundry room.

First floor: reception hall with toilet and lavatory; living room with fireplace; porch—screened and glassed; library; kitchen and serving pantry; kitchen alcove for maid's dining; employees' bedrooms (2) with toilet and bath between; dining room.

Second floor: one double bedroom with bath; one guest room with bath; two single rooms with bath between and also with entrance from hall; one single room.

Two-car garage to be attached.

Associate Director, Assistant Director, Director of Clinical Laboratories, Business Officer

Basement: same as listed for director.

First floor: same as listed for director except possibly somewhat smaller rooms and one employee's bedroom with bath and toilet instead of two employees' rooms.

Second floor: one double bedroom with bath; one double bedroom; two single bedrooms (with bath between one double bedroom and one single bedroom, this bath should also have entrance from hall).

One-car garage to be attached.

Medical Officers, Head Stationary Engineer, Maintenance Supervisor, Etc.

Type "A" Residence

Basement: laundry; storeroom; toilet and lavatory.

First floor: reception hall with toilet and lavatory; living room with fireplace; open porch—screened (with removable glass sash); kitchen and serving pantry; dining room.

Second floor: double bedroom; three single bedrooms (with bath between double bedroom and one single bedroom); one bath (between two single bedrooms with entrance from hall).

One-car garage to be attached.

Type "B" Residence

Basement: same as in Type "A" residence.

First floor: same as in Type "A."

Second floor: double bedroom with bath; two single bedrooms (with bath between and entrance from hall).

MEDICAL AND NONMEDICAL STAFF HOUSE

The following accommodations are recommended for the different grades:

Bedroom, living room, bathroom, and closets for junior medical officers and heads of departments.

Bedroom with lavatory (common lounge, toilet, and bathing facilities) for nonmedical staff.

This staff house should also contain: kitchen; dining room; lounge and kitchenette; recreation room (first floor).

In the basement there should be: laundry room; toilet and lavatory; storerooms.

Adequate common garage facilities should be provided in the vicinity of this building.

EMPLOYEE ACCOMMODATIONS

For married employees living together, it is recommended that larger suites be provided consisting of bedroom, living room, and bath, with ample closet space off both the bedroom and the living room.

For single supervisors and employees of similar grade, it was suggested that they be provided with the same quarters mentioned for married couples.

Adequate accommodation was also recommended for single employees, having in mind effects on morale and health. It was felt, however, that each could only be assigned to a large single room possessing adequate closet space and a lavatory.

EXTRAMURAL RESIDENCY OF INSTITUTIONAL PERSONNEL

Depending upon the peculiar needs of each institution, particularly with respect to location, accessibility of suitable dwellings, and the available facilities, it was recommended by the committee that up to 40 per cent of the medical staff be permitted to reside outside the institution grounds upon the recommendation of the director and with the approval of the Commissioner in each instance. It was felt further that the director, the associate director and the assistant directors should reside within the confines of the institution. In each case, the decision as to which of the physicians should remain at the institution is a matter within the discreton of the director.

Depending upon the peculiar needs of each institution, location, type of construction and certain other factors, it was recommended that a minimum of 20 per cent of the employees should be required to live on the grounds. In this instance, too, the decision as to which individuals, occupying specified positions, should remain on the grounds was believed to be a matter for the director, subject to the approval of the Commissioner.

HARRY J. WORTHING, M. D.,
Chairman, Committee on Construction

Special emphasis in the discussion of the report on construction was placed on the type and amount of housing accommodations needed for single and married employees. A consensus of the directors held that 30 per cent of the employee population should be the basis used in planning housing provisions in the postwar building program for the classes of personnel who are expected to live in the institution.

Specifications and costs of residences for medical and nonmedical staffs were also considered in the discussion. Dr. MacCurdy said that some decision would have to be made as to the percentage of physicians who would

be required to live at the institutions. No conclusive agreement was reached, but it was generally believed that more than 50 per cent should live on the grounds.

Dr. MacCurdy said it would be necessary to decide upon the radio, telephone and intercommunication systems to be used in the new buildings so that plans could be made for wiring. It was agreed that individual radios on the wards were the most satisfactory arrangement. With reference to wiring for telephones, the directors felt that it would be less expensive and more efficient if the institutions operated their own intrahospital systems, with a double switchboard, one-half to take care of their outside calls. Another point considered was the use of a central control clock system to insure accuracy of time pieces throughout the institution.

Space allotments and layouts projected in the postwar plans for the various institution units were also discussed. Some were regarded as inadequate or improperly located while others were unanimously accepted. Dr. Bigelow said the Department would welcome any criticisms, and Dr. Worthing requested the directors to send their suggestions to the committee.

Committee on Standards and Specifications

Dr. Schmitz presented reports covering two meetings for the Committee on Standards and Specifications:

The Committee on Standards and Specifications met in the office of the Department in Albany on Wednesday, April 18, 1945, at 2 p. m.

Those present were: Commissioner MacCurdy, Assistant Commissioner Pense, Directors Schmitz, Blaisdell and Stanley, Senior Business Officers Lawson and MacCormack, Business Assistant Doran, Supervising Engineer Clifton, Supervisor of Purchase Elmendorf, and Deputy Commissioner of Standards and Purchase Higgins.

Mr. Lawson reported on his investigation and recommendation concerning food conveyors and dish trucks. He has drawn up standards for them to overcome the difficulties presented by present equipment. The specifications call for the use of stainless steel, and the construction emphasizes the elimination of cracks and crevices thereby preventing accumulation of dirt or food particles which are difficult or impossible to remove satisfactorily. On conferring with Blickman's on this point, this concern indicated a willingness to fill in under the rolled rims with solder so there would be no crevice there such as is present in ordinary rolled rims. The handles are to be welded on rather than be bail handles which are likely to break off.

Conveyers can be furnished with or without electrical heating. While the electric unit may offer difficulty by burning out, the modern ones have long lives. Insulation is now exploded mica, similar to fiber glass.

All equipment is to be considered from the standpoint of providing hot food to the patients, and conveyors, therefore, should serve this purpose adequately. Food should, therefore, not be dished out and then transported with the likelihood that it would cool off during transit, but the entire distribution of the food and the mechanisms employed should be planned principally with the aim of delivery of the food to the patient while it is still hot.

Taste is in a high degree based upon the olfactory sense, and the loss of the appetizing aromas of food as soon as it becomes cooled is well recognized. It can be readily observed that our patients waste little or no food but eat it with relish when the odors from hot food stimulate the olfactory sense.

Comment relative to the mica pellet insulation concerned the possibility of certain insulation packing down and holding moisture. It must therefore be completely sealed against moisture entering the space provided for the insulation. This mica pellet insulation, it is understood, is the type employed in the food conveyors used by the army. Mr. Higgins stated that the Division of Standards and Purchase would have no objection to it.

Discussion concerning dish trucks resulted in the conclusion that the entire truck should be made of stainless steel rather than partly of stainless steel and partly of galvanized metal. Where institutions request either dish trucks or food conveyors the use to which each is to be put should be carefully considered. In the event the kitchen must serve a number of buildings, electrically-heated conveyors are necessary, whereas if there were a kitchen in each building a truck to convey the food containers to each serving pantry might prove satisfactory.

Mention was made of a type of truck where the upper unit is removable and can be put on a dumb waiter to be sent to upper floors. This, however, involves the handling of a relatively heavy part or parts and seems to serve no good purpose; and the opinion was that the entire truck should be a unit and as such would be employed as a unit to deliver the food to the dining rooms or to the bedside.

Concerning the size of the conveyors, Mr. Lawson mentioned that they were designed to serve 75 patients. The Commissioner thought they should be made available in two sizes, the smaller for 50 patients and the larger for 75. The newer buildings will have no wards larger than for 50 patients and some of them will have but 35 or 40 patients in them. The smaller truck would, therefore, be suitable for them and the larger truck for existing units where more patients must now be served.

Mr. Lawson is to look further into the question of coffee or beverage containers.

The employment of other stainless steel articles in kitchens was deemed advisable by some members of the committee, and mention was made of the use of pails and pans of Allegheny metal, a brand of stainless steel, these giving very satisfactory service. Improvements in stainless steel also have made it possible to increase its strength greatly so that relatively light gauges of the metal were sufficiently strong for heavy duty services.

The matter of milk dispensers brought forth considerable discussion. One of the criticisms now coming from the Department of Health relates to the handling of milk and those dispensers now on the market are for the most part made in one unit, become dirty, leaky, and are difficult to clean. It should be possible to take them apart to clean them.

One variety on the market was a refrigerated, stainless steel unit which housed a 40-quart milk can, the top of which was sealed on at the pasteurizing plant. The outlet at the bottom was a patented valve system which fitted into a dispensing mechanism on the door of the unit. In this way no contact with the milk was made at any time, and it was kept at a specified temperature constantly until the entire can was empty. The parts were removable for sterilization.

If a unit of this type were available, the committee noted, in the 20-quart size as well as in the 40-quart, it might serve the purpose very well. The regular spigot type of dispenser could not be cleaned satisfactorily and the dipping of milk from cans was considered unsatisfactory also. Rocking metal cradles for holding milk cans are employed so that dipping can be

avoided and by this means milk can be poured into pitchers and then dispensed directly into tumblers at the tables.

Where the milk had to be transported on trays for some distance, a plastic cup with a tight cover seemed to have merit.

A further discussion on locks was had, following the report on this subject by Dr. Blaisdell. He has prepared specifications after receiving comments from the various institutions and is to submit them to the Division of Standards and Purchase for advice, after which he will send his recommendations to the various institutions for their comment.

Dr. Pense reported that little can be done regarding the subject of dish washers until the Department of Health has prepared and submitted recommendations, and these, he believes, are waiting for the research work to be done by the National Sanitation Foundation under the sponsorship of the School of Public Health of the University of Michigan. The Commissioner thought that if this was a long-range program we could not wait for their findings as some action concerning dish washers will soon be necessary.

The use of a disinfectant in the dish washing machines was discussed, inasmuch as the Department of Health had recommended the use of Roccal where the temperature of the water does not reach 175°. The use of any disinfectant in running water was not viewed favorably, and it was suggested by the Commissioner that Dr. Pense inquire of the Department of Health as to what specific tests had been made and information gathered that had proven Roccal to have benefit.

Dr. Stanley presented the subject of steam kettles and exhibited prints and specifications for them in stainless steel. Discussion was had concerning the disposal of water used in washing the kettles. The present practice appears to be to have this emptied directly upon the floor so that it would not be necessary to have them connected to a drain. An improvement in the type of faucet at the kettle outlet so that it can be readily disassembled for cleaning appeared to be very desirable.

Photographs were submitted showing enclosed steam kettle units as installed in institutions in other states. Members of the committee expressed disapproval of such enclosed units. They had only the advantage of appearance but presented many disadvantages, for the kettles were removable and spillage would surely seep into the enclosure, attract vermin where heat and moisture encourage their breeding, and also make it difficult to clean properly under and about the kettles or to service their plumbing.

In response to an inquiry, Mr. Higgins stated that standardization of plumbing fixtures has not yet been completed. His division is presently engaged in establishing standards for small items such as spark plugs. Oral thermometers will be taken into the central storehouse and tested there before they are distributed to the hospitals and will be subject to a careful check in order to see that they meet with the specifications. The new contract is with Becton-Dickinson Company, the one with the Ideal Company having been cancelled.

Further discussion of the plumbing connections to steam kettles was to the effect that the Department of Health does not wish anything to drain back into the kettles. Objection has also been made to steam vents which pipe the steam into a duct. Any condensation which returns to the kettle is actually distilled water for the most part. Perhaps a change in design would trap this distillate rather than allow it to drip back into the kettle. Just what unsanitary features this had was not clear. Most kitchens have a hood and the steam rises up into the hood or to the ceiling and condenses there, and that is likewise not satisfactory. If a hood is used over the kettles, a ventilating system, Mr. Clifton pointed out, would remove the steam and odors if the opening into it was directly under the hood. It was suggested

that Mr. Clifton make a recommendation as to how this should be designed and such a feature should be included in the specifications for new kitchens.

Mr. Clifton is to obtain specifications from the Department of Public Works for fixed equipment such as toilets, basins and slop sinks, and the committee will then proceed to consider them and see if any changes should be made in them in the light of the experience with present equipment in institutions.

The opinion was expressed that steam sterilizers should be placed in all treatment rooms and that these were preferable to electric sterilizers. Difficulties with the electric unit were reported as not infrequent.

Consideration is being given by the committee to lighting fixtures in new construction, particularly fluorescent lights which have a higher efficiency than ordinary lights with the same amount of current consumption.

It is also planned to look into the subject of friction hinges as an alternate installation for door checks and Dr. Blaisdell said he believed that the State had spent much money on door checks and they had not been very satisfactory.

While they do not clearly come under the heading of equipment, consideration was given to window screens and guards, with the idea of favoring an installation which would prevent the breaking of window glass which is a considerable item of maintenance. Such screens as Tru Lock were viewed favorably.

Recommendations concerning other topics can be made and sent to the Construction Committee where they have to do with maintenance problems. The use of glass tiles in rooms occupied by untidy patients, installing them to a height of seven feet was discussed; the Commissioner expressed the opinion that they should extend to the ceiling because the plaster above them, if the tile height is limited to seven feet, is frequently broken by the patients.

Another topic of equipment considered was that of vacuum cleaners, and here again it would seem desirable to survey the matter from the construction angle as well and determine whether built-in cleaners such as are installed in hotels would not be preferable to movable cleaners, at least in some construction.

The control of vermin in institutions has always presented problems. Some institutions have contracts for exterminator services, but these are only partially successful as vermin multiply between visits, and it is also impossible to apply insecticides everywhere in an institution. Now that the United States Army has established 10 formulae for effective insecticides, some of which are applicable to our institutions, it is hoped that better control of vermin will become possible when the newer insecticides are available in amounts adequate to employ them generally throughout the institutions. The adoption of specifications for effective insecticides and the thorough use of these preparations in our institutions should be of aid in controlling the dissemination of insect-borne disease.

It was planned to have a representative of the Department of Public Works and one from the Division of Standards and Purchase discuss plumbing supplies at the next meeting, these being items of maintenance which have presented problems at all the institutions. Mr. Lawson was also to report on plumbing supplies and Dr. Blaisdell on electric and steam sterilizers. Mr. MacCormack was to contact the Corning Glass Works in order that they might acquaint the committee with any new products that they have for institutional use.

The meeting adjourned at 5:30 p. m.

The committee met again in the office of the Department in Albany on Wednesday, June 6, at 2 p. m.

Those present were: Dr. Pense, Dr. Schmitz, Dr. Blaisdell, Dr. Stanley, Mr. Lawson, Mr. Clifton, Mr. Doran, and Mr. J. W. Sussex, Mr. A. C. Richards and Mr. D. H. Cloke, of the State Architect's Department.

Mr. Clifton presented his ideas relative to plumbing fixtures, the thought being that an attempt should be made not to standardize particularly on makes but upon dimensions. He understood that the plumbing industry had standardized on 12 inches to center, which the federal specifications require for toilet bowls. In the newer buildings the wall-supported fixture with the wall outlet has usually been used; and, with standard roughing in dimensions, any make of wall-closet can be set in the same place.

The difficulty with wall-supported fixtures may be in the variation in the supports, even though the outlets would agree. Discussion was had as to whether a floor-supported fixture with a wall flange and a floor flange should be used so that the fixture would rest on the floor as well as fit flush with the wall and fit the standard outlet. The idea was expressed that there would be objection to having it rest on the floor as it seemed more sanitary to have the floor clear of fixtures. This objection appeared academic, inasmuch as the under side of the wall-supported bowl would be out of sight and yet must be kept clean, whereas the floor fixture described would have all parts under direct vision. Mr. Clifton estimated that there would be a saving of from $6 to $8 for each installation of a floor-supported fixture over a similar fixture that was wall-supported. Difficulties had also been experienced, it was said, where the support depended upon a hollow tile wall, although at one time a brick wall near the fixture was specified for strength; but as someone had thought it cost too much, that had been abandoned. The brick wall could be eliminated and the cost saved where the fixture used was floor-supported.

It was observed that the problem of standardization was in reality two problems—having to do with present buildings and those to be newly constructed. Attention was called to the fact that buildings not over 10 years old in some institutions have special makes of plumbing fixtures, replacements for which have been unobtainable in the past few years. This seems to be an appropriate time to standardize now that the manufacturers are planning large postwar productions, and Mr. Sussex believed it desirable to have a conference with the heads of manufacturing companies to see whether they would go along with the State's desire for standardization in view of the large postwar construction soon to be inaugurated. Other manufacturers, such as those of hardware, have cooperated in some respects on the standardization of cutouts in metal doors so that various types of locks would fit the same cutouts.

The matter of having the State provide the fixtures and make an award to the contractor for their installation was brought up. Mr. Cloke doubted whether it could be done, but attention was called to the fact that one State prison had in a measure followed this plan with regard to valves. It was thought if the specifications, when standards have been established, stated that there was to be a rear outlet, wall-hung bowl, and specified dimensions, for example, the manufacturers would be requested to bid on those requirements. This would, of course, not guarantee that any manufacturer would make such a fixture, although with the thousands to be installed in the State's postwar construction, manufacturers may be willing to produce fixtures of a type desired and in standard dimensions.

The federal specifications had gone quite a way, Mr. Sussex pointed out, to establish standards, although he was not certain as to how many manufacturers had accepted them. It seemed likely that by having the State accept the federal specifications, we would find more manufacturers willing to provide the fixtures that the State needs. The principal characteristics to be sought for are interchangeability (based upon specified measurements), durability (based upon the material used in manufacture), and the design, which determines both the utility and the sanitary characteristics.

One member of the committee emphasized that porcelain bowls lacked durability and said he preferred enamelled cast iron. He suggested also the use of stainless steel, inasmuch as Whitehead Metal Products are making lavatory bowls of this, and inquiry is to be made of this company as to the probable cost if 1,000 or more were used in new construction. The State architect's office is to inquire of the manufacturers of plumbing fixtures, requesting information as to whether they comply with federal specifications for roughing in, etc. It has been difficult up until recently to obtain much information from manufacturers in view of the unsettled production conditions. It is hoped, however, that this information can now be gathered and presented to the committee.

Further discussion was had concerning flush valves and the desirability of having them exposed—rather than concealed—to facilitate replacement, even with another kind, where this became necessary. Regardless of the manner of installation, the number should be limited, it was suggested, to six approved makes.

A similar situation has to do with drinking fountains. Most of these have exposed parts, subject to breakage or damage, and here again it was pointed out that recessed drinking fountains now available avoid these difficulties and have other desirable features in addition so that the water cannot be slopped about, while a relief valve prevents using it as a spray. It was thought that the Committee on Construction might further consider the most desirable location for drinking fountains, in view of the availability of the recessed type. This type could be placed in dayrooms, in the dormitory walls, and also in the lavatories.

The standardization of recessed types of toilet paper dispensers and of paper towel dispensers also seems desirable in new construction.

Dr. Blaisdell is to submit to the Division of Architecture his report upon the subject of locks. The architect's office will then be guided as to the appropriateness of the type of lock to be used in various parts of the institution and also will inquire further into the quality of lock materials, having regard to their durability.

Dr. Blaisdell will give consideration to sterilizers and report upon them at a future meeting.

The meeting adjourned at 4:30 p. m.

WALTER A. SCHMITZ, M. D.,
Chairman, Committee on Standards and Specifications

The following communication to Mr. Arrowsmith from Mr. Thomas B. Bergen, first assistant commissioner of the Department of Correction, who met with the Committee on Standards and Specifications on April 18, was also read by Dr. Schmitz:

The writer attended a meeting at the Department of Mental Hygiene office early in the year. At this meeting the members of the committee discussed matters pertaining to the production of merchandise by prison industries. The chief topic under discussion at that time was the matter of furnishing underwear. The division of industries agreed to cease the production of certain types of merchandise and concentrate, for a period of six weeks, on the production of yarn for the Sing Sing underwear factory. As a result, Sing Sing received this yarn and the division supplied the customers with the necessary underwear.

Certain State mental institutions use B. V. D.'s, and during the past few weeks we have been able to obtain priorities and material to meet these demands.

Government priorities still exist on raw materials to manufacture beds, but a re-

cent report indicates that within a short time we will be able to obtain these materials and again resume the production of beds for the institutions.

Last year, in the blanket shop, we produced about 24,500 blankets, which met all the requirements of State institutions. We believe we can meet all the State requirements again this year and would suggest that all of the Mental Hygiene institutions place their orders as soon after July 1 as possible, so that we can make up our production schedule and meet deliveries as specified.

The steel locker plant at Attica has been closed about three years. It is our understanding that the government will release limited quantities of steel, and this shop may start production of steel lockers, and other steel equipment, in about two or three months. We shall notify the State institutions on the date of the resumption of production in this shop.

Due to government priorities, we have had some backlog on orders for shoes. However, we expect to be able to buy sufficient leather to meet the requirements of our customers.

At the present time we are shrinking, at Clinton Prison, some blue denim, blue hickory and summer suiting. With our present equipment, we can shrink only about 20 per cent of the cloth which is produced at Clinton. Studies are being made to increase this production so that customers may obtain their requirements of products which have passed through the shrinking process. Certain additional equipment must be purchased to accomplish this result, and the equipment at present is under government priority and is difficult to obtain. A further report in relation to shrinking will be presented at a later date.

Since the start of the war, lumber has been under government priority and is extremely difficult to obtain. These government priorities are still in effect and may continue for some little time.

The writer would like to meet with some members of the committee in relation to their previous recommendation that new styles of chairs, and other furniture, should be adopted for use in the Mental Hygiene Department. I would be pleased to take this matter up with you at a future date.

As you know, during the past three years, it has been extremely difficult to obtain certain raw materials, due to government restrictions. Some of our steel plants have been closed entirely, and we have been able to obtain only limited quantities of raw materials for other lines. It is expected that in the near future the present restrictions will be withdrawn and the division of industries will then be in a position to produce all the merchandise needed, with prompt delivery dates.

At any time that you desire, I shall be pleased to meet with the committee and go over these matters in further detail.

Dr. Schmitz said that specifications had so far been difficult to obtain or to establish, largely because of the wartime situation in industry, which he expected would improve with acceleration of the reconversion process. In the meantime, the committee would continue to explore the need for improvements of various kinds as indicated by past experience in the various institutions.

Inasmuch as there are overlapping functions where coordinated action is desirable, Dr. MacCurdy suggested that the Committee on Standards and Specifications meet in joint session with the Committee on Construction.

Committee on Tuberculosis

The following report for the Committee on Tuberculosis was presented by Dr. Schmitz:

A meeting of the Committee on Tuberculosis was held at the Psychiatric Institute on Friday, March 23, at 10:30 a. m. Those present were: Commissioner MacCurdy; Assistant Commissioner Pense; superintendent of tuberculosis hospitals, Dr. Plunkett; Directors Schmitz, Ross and Wearne, Assistant Director Pamphilon, Director of Clinical Laboratories Trygstad, also Dr. J. Burns Amberson, visiting physician in chief of Bellevue Hospital; Dr. Edgar Medlar, pathologist of the Metropolitan Life Insurance Company; Dr. Harris, principal research internist at the Psychiatric Institute; and Dr. Katz of the Department of Health.

Dr. MacCurdy outlined the scope and functions of the committee. It had been concluded that it was desirable to centralize the care of the mentally ill suffering from tuberculosis and to do so in four units located in various parts of the State to meet the geographical distribution of patients. We must establish at an early date our postwar policy on the care of tuberculosis as it occurs in our patients and this unification is a logical approach to the progressive advancement of our standards of care. At the same time, it will provide a good research program which should attract suitable medical personnel to this field.

Consideration was given to the objections of relatives to transfer of patients to these specialized hospitals, but it is believed that conditions as they are at present will not be substantially changed and that the locations of the institutions will to a large extent eliminate objections.

Consideration has been given to the construction of one institution for 2,500 patients to care for those from the metropolitan area, this to be located at Central Islip State Hospital, inasmuch as one-fourth of all the patients in the State are housed within a short distance of each other at Central Islip, Pilgrim and Kings Park. The other large unit would be at Rochester, to accommodate about 900, and the buildings now caring for the tuberculosis patients at Hudson River would be enlarged so that they would accommodate a total of 600. The unit of the Wassaic State School would take care of the mental defectives; and recent legislation would enable interdepartmental transfers of epileptics suffering from tuberculosis to Wassaic.

The overall program comprises the detection of cases of tuberculosis arising among patients in institutions, and the application of appropriate care. With this, would be allied a study of tuberculosis from various aspects, to be referred to subsequently, along with a research program.

A group of 14 suggestions for research activities were presented for consideration by the research committee, these having been compiled by Drs. Plunkett, Katz and Bigelow. Dr. Plunkett pointed out that the institutions were a fine field for research as compared with the hospitals of the State Department of Health, inasmuch as our patients were to a large extent under prolonged observation. The proposed hospitals will be of a specialized character and are to be planned so that they will provide facilities required for the care of the mentally ill and at the same time those special facilities needed for the study and treatment of tuberculosis. When mention was made that five offices for physicians were to be provided at the Central Islip institution, Dr. Amberson emphasized his opinion that 25 men trained in tuberculosis would be needed in a hospital for 2,500 tuberculous patients. Dr. Plunkett indicated that federal funds may be available for research purposes, although at present

it was not possible to get competent personnel to carry on such work.

The first research project was a consideration of the effect of shock therapy on pulmonary tuberculosis. In the report of the Committee on Shock Therapy, opposition was voiced to the treatment of patients who have pulmonary tuberculosis by this method, and it is said that some reports were to the effect that insulin aggravated the disease. Dr. Amberson pointed out that in the event a patient had tuberculosis with cavitation, the dissemination of the disease from the cavities may be facilitated by a convulsion and that in his opinion patients with cavitation would not receive convulsive therapy. All others could be treated with shock therapy if carefully checked and examined periodically. The committee, therefore, thought it best to request the Committee on Shock Therapy to express their opinion on the matter both as to insulin and other convulsive therapy, as to the criteria they employ in selecting cases that have tuberculosis for shock therapy. This committee would like to know why and where they draw the line in making the choice and the data upon which this opinion is based. If patients with tuberculosis are treated by convulsive therapy, that is, those that do not have cavitation, it seems desirable, Dr. Medlar thought, to divide them into two groups; first the inactive group to determine if these are activated, and a second group, those that are already active at the beginning of treatment.

The second suggestion for research has to do with the environmental factors of patients with mental disease, especially dementia præcox, and tuberculosis.

(A) The prevalence of tuberculosis in patients in the various diagnostic categories, that is, by age, sex and length of hospitalization, and comparisons of relative prevalence among the mental disorders are already receiving routine statistical attention, as is the special relationship of tuberculosis in patients with dementia præcox as compared with all other mental diseases.

Consideration is also being given to:

(B) The effect of familial exposure upon the prevalence of tuberculosis with patients with mental disease, (a) among schizophrenic cases with or without tuberculosis, and (b) among other patients with or without tuberculosis.

(C) The importance of economic factors on the prevalence of tuberculosis among patients with mental disease as indicated by total family income, housing conditions and other indices, is receiving attention. Investigation of familial tuberculosis among mental patients could best be conducted in institutions in the metropolitan district because of the concentration of large numbers of patients and their families in this relatively small area. Information can be obtained concerning those already examined in the New York City chest clinics and it was also thought possible to X-ray visitors to these patients and, if the cooperation of the New York City Bureau of Tuberculosis could be obtained, it might be possible to make radiographic examinations of many of the relatives in efforts to find source cases. Social service personnel can obtain information regarding the economic status.

The third suggestion for research concerns the incidence of tuberculosis—this now being taken care of by repeated periodic surveys in each of the institutions from which data will be obtained for study and analysis. Study of case fatality rates among both treated and untreated patients will also yield important information inasmuch as it is thought that one-half of those contracting tuberculosis get well without being discovered and the other half advance to clinical activity.

A study of autopsy material would provide particularly interesting information, but it requires very careful examination by pathologists trained to note even the smallest evidences of the pathological manifestations of tuberculosis. Dr. Medler stated

that he would like to see how many have active or healed lesions, or have tuberculosis and die of other causes. He would like to know if there is a great danger of exogenous reinfection. So many, he remarked, have a single lesion and others have no evidence of it; and he finds it hard to see how, in New York City, where almost everyone is exposed to tuberculosis, so many have failed to reveal residuals. He believes that exogenous reinfection is rare and would like to have the pathologists in the institutions search especially for the information we need with regard to tuberculosis and particularly if there is evidence of multiple reinfection. Dr. Medlar will prepare a memorandum to alert all pathologists in the State hospital service as to the methods for the study of autopsy material that should be followed; and he has expressed willingness to have a conference with the pathologists at which time he will demonstrate the manner in which a complete examination designed to reveal the lesions of tuberculosis and their character will be given.

A study is proposed to determine the prognosis of minimal pulmonary tuberculosis, these cases to be divided in two groups, the first in which the age of the lesion is unknown and the second where the periodic surveys establish with a reasonable degree of accuracy the age of the lesion. From such a study the fate of minimal lesions both recent and of long standing can receive analytical attention. At the same time, the prognosis of apparently cured cases of tuberculosis, which is important both clinically and epidemiologically, is to receive attention by prolonged followup studies, including special laboratory examinations. From such studies the rate of reactivation, potential infectivity and need for segregation, can be learned; and this in turn will serve to establish diagnostic criteria that may have definite prognostic value.

The question arose as to whether young patients with early lesions should be sent to a sanatorium and there exposed to reinfection. Dr. Amberson favored sending them so that some with minimal tuberculosis would go to wards where there were advanced cases and others to wards with minimal cases. A suitable distribution of Petri culture dishes would thus yield information as to contamination of the atmosphere and provide a check. It was pointed out that those with minimal pulmonary tuberculosis and those with apparently cured tuberculosis are interrelated as most minimals are in the same geographic stage. The study to be made would be an attempt to find a means of detecting which minimal cases will go to progression. Prognosis is now based on age, sex, race and color, the lesion and its extent, and whether the sputum is positive or negative. Only by the keeping of careful records would it be possible eventually to identify factors that have prognostic significance, even though they were nonspecific, such as age or eating habits.

Suggestion number eight has to do with the study of tuberculosis in the aged. There are three important age groups for tuberculosis study from the standpoint of pathogenesis. The first group would be up to the age of one year, the second group from 18 to 30, and the third above 55 years. The many patients in the older age groups make it desirable to learn whether active tuberculosis in these individuals is a reactivation of old lesions or whether they are newly developed in persons previously free from tuberculosis. The course in these older persons may also be compared with advantage to the course in our younger cases.

Suggestion number six, as to the effect of rest in the treatment of pulmonary tuberculosis, brought up the inquiry as to whether minimal cases should have rested and whether, if they have not rested, rest is instituted too late when they have gotten out of hand. An attempt to consider the grouping of the tuberculous mentally ill into those who are inactive and those

who are overactive was deemed impracticable, at least from the standpoint of study as to the influence of rest upon the course of the disease.

It seems desirable to do routine tuberculin tests, for the tuberculin reaction will occur even though to all intents and purposes a lesion is healed. A positive reaction suggests but does not definitely mean activity; and, in this connection, discussion was had as to the employment of B. C. G. in that 20 per cent of the patients show a negative tuberculin reaction, or whether a vaccine of carefully prepared, chemically-killed active bacilli should be used as a control.

Dr. Medlar was opposed to the use of living organisms as a vaccine, as he cited an instance where these organisms had been shown to live for 10 years in an individual so vaccinated. Considerable discussion as to the employment of B. C. G. in certain localities by various agencies took place; and it seemed preferable to use a killed vaccine until such time as B. C. G. was generally accepted.

The chemotherapy of tuberculosis could receive much valuable study in the large group of patients who have tuberculosis in our hospitals. Dr. Medlar stated that while animal results were startling, animal cases were not comparable with human and that as yet we had no encouraging data on the chemotherapy of pulmonary abscess of tuberculous origin. So far, published reports are on one hand enthusiastic and on the other to the effect that this work required careful evaluation. Studies as to the efficacy of chemotherapeutic agents in our institutions should therefore be of considerable importance. The thought is to use only those that have been proved safe and that no publicity whatever should be given to such studies of new drugs until their efficacy has been fully proved in order that false hopes may not be raised, as has been the case heretofore in various fields of investigation.

Dr. Katz discussed suggestions eleven and twelve, which have to do with studies of atypical pneumonia and aspiration pneumonitis. It is found that there were high percentages of bilateral basal pneumonias or fat pneumonias due to the aspiration of cod liver oil. This enters the lungs in patients having difficulties in deglutition, or spasm of the tongue, and usually where they are fed or given emulsion by other patients. Such aspiration pneumonias also occur following the use of oily nose or throat sprays. It was suggested that these be discontinued and that no cod liver oil emulsion be given.

Reference was made to cases occurring at Newark and Wassaic State schools and in Craig Colony, where infectious material was aspirated during convulsive seizures. Further study of this problem is indicated.

Dr. Harris discussed hormonal factors which may operate to increase the spread of foreign bodies through tissues, with the suggestion that the hormone was perhaps progesterone. From certain studies, a constitutional factor that operates as the underlying agent having to do with dissemination was postulated; and this may open the field for research as to the part hormones play in the exacerbation or modification of the course of tuberculosis. Dr. Amberson discussed the relationship of such a factor in a case of bronchial tuberculosis to the cyclic exacerbation of asthmatic wheezing in the premenstrual and menstrual period, and in this instance progesterone treatment checked the wheezing. It was pointed out that increased water storage in the tissues occurred at the end of the menstrual period, and that women with bronchiectasis had shown periodic bleeding associated with menstruation.

The spreading test was thought to be applicable to a group of tuberculin negative cases in association with later followups. This test will be kept in the program but deferred.

The committee then discussed the matter of construction of the new tuberculosis hospitals, and Dr. Plunkett is to be called into consultation on the plans. The matters of offices, fluoroscopes, animal rooms, laboratory and mortuary facilities and other phases of the construction were considered and the tuberculosis specialists emphasized the need for a fluoroscope in each office as part of its equipment. The handling of laundry from tuberculous patients was also discussed. It was decided that autoclaving is not desirable but that if specially marked bags are used and their contents are properly handled by carefully trained personnel using precautions, and if they are given three rinsings, they can then be washed along with the regular laundry without danger.

After a period for luncheon the committee meeting adjourned at 4:15 p. m.

WALTER A. SCHMITZ, M. D.,
Chairman, Committee on Tuberculosis

The directors approved of the proposed plans for research in this field but questioned their ability to carry out all the projects unless and until they received adequate personnel. The question also arose as to their ability to obtain competent ward employees for this hazardous work unless they could offer extra compensation. Dr. MacCurdy said he was working with the Division of the Budget on this problem and that he expected the salary question would be settled in the near future.

With reference to the amount of personnel needed, Dr. Bigelow said it was emphasized very definitely that we did not have the personnel to undertake extra activities at the present time and that none of the projects was contemplated for immediate action, with the exception of the autopsy material to be studied by the pathologists, the statistical studies, and research into the economic background of the families from which these patients came. It was proposed that the latter should be done by social agencies other than our own social service departments and, if additional clerical workers were needed, he said they would not be drawn from the institutions concerned but would be regarded as supplemental.

Various suggestions in the committee's report were discussed, including the advisability of exposing early, minimal or quiescent cases of tuberculosis in a ward containing active cases. Some directors questioned this proposal, which Dr. Bigelow upheld, however, declaring that from the standpoint of scientific policy he believed the committee should consider the plan, as it was the only way of finding out the practical and proper thing to do in these cases.

Dr. MacCurdy said there were many angles that would have to be considered with respect to policy and program, and he expressed his appreciation for the interest evidenced in undertaking such research.

Committee on Statistics and Forms

Dr. LaBurt presented the following report for the Committee on Statistics and Forms:

The Committee on Statistics and Forms met in Albany on March 21, 1945. Those present included Dr. LaBurt, chairman, Dr. Worthing, Dr. Bisgrove, Dr. Criden, Dr. Malzberg, Assistant Commissioner Pense and Secretary Komora. Matters discussed follow:

General Order No. 6. "Statistical Reports to the Department of Mental Hygiene"

The revision of this Order, as submitted by Mr. Komora and Dr. Malzberg, was approved except that in Section 4, "discharges, deaths and transfers," it was considered advisable that Forms 23-Med., 23a-Med., and 23-Med.—E should be forwarded to the Department within two weeks after the close of the week, etc., instead of within one week.

General Order No. 41. "Reports to Be Submitted by All Licensed Institutions to the Department of Mental Hygiene."

This Order, revised by Mr. Komora and Dr. Malzberg, was approved except for a change recommended in Section 5, to the effect that Forms 23-Med., 23a-Med. and 23-Med.—E should be forwarded to the Department within two weeks after the close of the week, etc., instead of within one week. The following changes are noted in Section 11: Accidents, suicides, etc., are to be reported as soon as possible and elopements of 48 hours' duration or more are to be reported to the Department.

General Order No. 43. "Records to be kept by State Institutions"

The committee recommended that this Order should be revised only with respect to forms that were changed or completed, and that a notation should be made that the remainder of the list of forms may be altered when the work of the committee is completed.

General Order No. 34. "Restraint and Seclusion"

The Committee on General Orders made the following additions to Section 4: "At night the patient shall be removed from restraint every two hours except when asleep," and to Section 6, "and the patient shall be visited every hour day and night." The Committee on Forms disagreed with these additions, as they would greatly increase the work on the wards; and it was recommended that these clauses be removed, or that Section 4 be eliminated entirely, as recommended in our previous report of June, 1944.

Report from Subcommittee

Forms 24-Med. (Ward admission record), 72-Adm. (Patients' clothing list), 139-Adm. (Clothing transfer, men), 140-Adm. (Clothing transfer, women) and 191-Med. (Scars, burns, deformities, etc.), were accepted without modification.

Action on Individual Forms

A plan for the recording of visits by relatives to patients was considered, and it was decided to adopt Pilgrim's O. T. Form 33, with revisions, and to give it a form number.

Form 25-Med. (Ward notes), and Form 26-Med. (Temperature Chart), were again referred to the subcommittee for further consideration.

Form 5-Med. (Prescription record used in the aftercare clinic at Washington Heights Health Center). The committee approved this form on the advice of Dr. Bigelow, but it was suggested that it be printed in sheets of four. The page having four yellow prescription blanks is to consist of copies of the original prescription (white), and all prescriptions are to be perforated on the margins so that they can be removed easily from the book.

A series of forms used by the Medical Inspector's office was considered.

The committee accepted the proposal by Dr. Pense that private institutions be required to forward an additional copy of Forms 45-Adm. and 46-Adm. to the Medical Inspector's office.

Form for "Agreement to Release Patients to Another State." The form sub-

mitted by Dr. Pense was accepted. He will prepare a number of mimeographed copies for distribution to the institutions.

Form 92-Adm. (List of Patients for Examination by the Medical Inspector, etc.). This form was reconsidered. It was recommended that the red lines be changed to black to reduce the cost of printing. The space previously provided for "duration before admission" should be changed to "type of admission."

Form 127-Adm. (Report to Bureau of Release of Patient). Approved as submitted. The only change made was that instead of "name" an item was corrected to read "name of patient."

Form 133-Adm. (Report of Alleged Nonresident and Deportable Alien, etc.). Approved as submitted with the following exceptions: Under "Alleged Nonresident or Deportable Alien," "alien registration number" was crossed out as unnecessary. Under "Alleged Nonresident" the request for name and address of Selective Service Board was omitted.

Form 171-Adm. The committee suggested that it be changed to a D. M. H. number, and have a title "Verification of Alien's Entry." Otherwise, it is approved as submitted.

Form 172-Adm. No. 1. It was recommended that this form be changed to a D. M. H. number and given a title "Request for Acceptance of Nonresident." Otherwise, it is approved as submitted.

Form 172-Adm. No. 2. This form is to receive a D. M. H. number and title of "Notice of Deportable Alien to Institutions." Otherwise, it was accepted as submitted.

Form 174-Adm. The committee suggested that this form be returned to Dr. Pense for further study.

Form 241-D. M. H. Approved "as is" with the following change: "Chief Medical Inspector to Assistant Commissioner."

Form 17-D. M. H. (Data for Medical Inspector). The general outline of this form submitted by Dr. Pense was approved with the following changes:

(1) "Special Therapies." Instead of "number receiving —" this was changed to "patients receiving —." "Patients receiving insulin" was changed to "patients receiving insulin shock." (2) "Occupational Therapy." This part of the outline was moved up to follow "Special Therapies" so as to have all special treatments together. "Occupational Therapy Workers" was changed to "Occupational Therapy Personnel." "Physical Training Workers" was changed to "Physical Training Personnel." (3) The following changes were made under the heading "Training School." Instead of "Training School" it was changed to the more correct title of "School of Nursing." Instead of "Staff" it was changed to "Number on Nursing Staff" and students were classified as follows: Seniors, Juniors, Freshmen and Affiliates.

The committee met again in Albany on April 9, 1945, all members being present. Secretary Komora was also present.

Forms 132-Adm. to 145-Adm., inclusive, were referred to a subcommittee. These reports deal with assignment to duty, books for resignation or discharge, notice to steward of employment, and notice to steward of resignation.

The committee considered General Order No. 44, dealing with reports to be submitted to the Department by State institutions. These reports were grouped into three divisions, the first of administrative reports, the second of statistical reports, and the third of business reports. Such a revision was prepared by Mr. Komora, and will shortly be presented in a revised circular. In general, obsolete sections were eliminated, and revisions of other sections were prepared wherever necessary.

General Order No. 14 was discussed briefly, but no recommendations were made, pending the consideration of this order by the Commissioner.

It was recommended that Form 169-Adm. be adapted for use as an annual report, to replace Form 114-Adm.

General Order No. 24—report of somatic diseases. Mr. Komora was asked to inquire concerning the number of additional reports required by the New York City Department of Health with respect to certain diseases.

It was recommended that all business forms be identified as —— Bus., to replace the former designation ——Std.

It was recommended that a new form be prepared in connection with General Order No. 20 (absence of director) and that the old form be suspended for the time being.

Form 25-Med. (Ward Notes) was referred to the Nursing Committee after being accepted by the Committee on Statistics and Forms. This form was re-ruled to give more space for notes, and was turned around.

Form 26-Med. (Temperature Chart, green ink—black ink) was accepted without modification.

It was recommended that Forms 67-Adm. (Application for Leave of Absence Without Pay, black ink) and 69-Adm. (Requests for Vacations) be replaced by a new form. (Sample will be submitted.)

Form 17-Med. (History Chart) was referred to a subcommittee.

Forms 38-Med. Ward Card), 58-Med. (Daily Report, Attendant), 59-Med. (Daily Report, Night Attendant), 60-Med. (Medical Daily Report, Men) and 61-Med. (Medical Daily Report, Women) were deferred for further consideration.

The committee met again in Albany on May 2, all members being present.

The committee devoted this entire session to a detailed discussion of Form 17-Med. (History Blank). After extended deliberation, the committee adopted a revision of this form, prepared by a subcommittee. A copy of this revision is appended. A revision of Form 17-Med. for the use of the State schools, is under consideration.

The committee met again Albany on May 23; all members were present. Also present, were Assistant Commissioner Pense and Secretary Komora.

The committee reviewed several questions raised at previous meetings, and then devoted the remainder of the session to a discussion of former General Order No. 43, renumbered General Order No. 33. In accordance with the recommendations of the committee, Mr. Komora prepared a revision of this General Order, listing the records authorized for use in the State institutions. These are grouped under the following headings: administrative records, medical records, nurses' records, business officers' records.

The committee also reviewed its earlier recommendations with respect to the revision of certain administrative and medical forms, and the discontinuance of others. In accordance with these recommendations, Secretary Komora has prepared a circular listing the numbers and titles of all such forms.

H. A. LA BURT, M. D.,
Chairman, Committee on Statistics and Forms

As a result of the ensuing discussion, one of the general orders and one of the forms were referred back to the committee for further study. Otherwise, the report was accepted. Dr. LaBurt called the committee's work to date a preliminary survey, with many forms yet to be considered. He said when all of them had been studied, the committee planned to review the entire list with the expectation of making further revisions, eliminations and condensations.

Committee on Professional and Public Education

The report for the Committee on Professional and Public Education was read by Dr. Lewis:

Two meetings of this committee have been held in the offices of the Department in Albany, on Wednesday, March 14, and on Wednesday, May 23, 1945.

Members present at the March session were Commissioner MacCurdy, Assistant Commissioner Pense, Secretary Komora, Drs. Merriman, Steckel and Veeder, and Dr. Lewis, chairman.

Members present at the May session were: Deputy Commissioner Bigelow, Assistant Commissioner Pense, Secretary Komora, Drs. Merriman, Steckel and Pritchard, and Dr. Lewis, chairman.

I

Various methods of educating the public received brief attention. Some of these methods are: a. Teaching by personal contact of selected instructors with interested public units. b. Instruction by means of public lectures. c. Instruction by means of radio. d. Instruction by means of pertinent circulated printed matter. e. New agencies created and/or the utilization of the ones now in existence. f. University affiliations and courses.

These items will be discussed thoroughly and evaluated in future sessions.

II

The committee concentrated principally on postwar graduate and resident professional training and experience. There will be a large number of returning veteran physicians who will want training in neurology and psychiatry. In fact, many letters are now received from physicians not yet discharged from the armed services inquiring where training in psychiatry will be available. Some of these should be available for three-year residencies in State hospitals, particularly if they were offered two-year programs of active instruction, utilizing affiliating institutions and medical school hospitals wherever possible, and in addition spending a year in practical work in the State hospital. The salary for resident is adequate to allow such physicians in training to stay on for at least a three-year period.

III

The following types of teaching plans were discussed in detail and were thought to be feasible:

a. A course of lectures and clinics for the resident group to be held one day per week, simultaneously at Syracuse Psychopathic Hospital and the New York State Psychiatric Institute. The idea of organizing such centers of instruction in four or five medical school areas in the State was entertained and, in fact, may later become feasible and may be accomplished in the interest of geographical convenience for the various State hospitals. However, it was the consensus that for the present these courses should be set up only in the Syracuse and New York teaching centers. The following tentative schedule was suggested by Dr. Steckel and adopted by the committee as a possible working arrangement.

SUGGESTED SCHEDULE FOR THE RESIDENT GROUP

One day a week for 48 weeks

2 hours	Neuroanatomy	48 weeks
2 hours	Neurophysiology	16 weeks
2 hours	Neuropathology	6 weeks
2 hours	Neurological examination—significance of neurological signs	2 weeks
2 hours	Syphilis of central nervous system	2 weeks
2 hours	Shock therapies	1 week
2 hours	Behavior disorders in children	2 weeks
2 hours	Psychotherapy	6 weeks
2 hours	Psychometrics	2 weeks
2 hours	Clinical psychiatry	11 weeks

2 hours	Psychiatric conferences with members of the hospital staff	48 weeks

Instructors, most of whom are of professional rank in the medical schools, have already been selected for these courses, and the student may be assured of authoritative information in the several branches.

The same courses and material will be covered at both centers. The number of days, weeks, hours, etc., involved may be contracted or otherwise modified when the time comes for action. With the end of the war the present transportation difficulties should be removed to the extent that the time spent away from the different hospitals will not prove to be too great a handicap.

b. The usual annual 10 weeks postgraduate course is to be conducted at the New York State Psychiatric Institute and the College of Physicians and Surgeons as in the past for staff physicians selected by their directors.

c. To improve the efficiency of clinical directors in diagnosis and particularly in teaching, it was suggested that some of these be sent to the Psychiatric Institute for training and experience along these lines. They could become active members of the Institute staff for six-month periods. During this time, each could conduct a service, attend all teaching conferences, and take an active part in the instruction of medical students.

If the State hospitals are to become efficient centers for training young psychiatrists, it will be necessary to have at least a clinical director and a pathologist on the staff capable of taking a leading role in teaching and stimulating the others to work.

d. A special course in hospital administration for the group concerned was considered as a possibility.

IV

Cooperation with community physicians.

A serious attempt should be made to improve the interrelationships with general physicians in the community. This will probably be something of a difficult task, as most physicians outside the immediate field of psychiatry are busy with their own problems on the one hand, and on the other, have little primary interest in psychiatric problems.

At any rate, an attempt should be made toward:

a. An exchange of physicians with the attending staffs of general hospitals should be effected whenever possible.

b. State hospital physicians should participate in outpatient department activities of teaching hospitals whenever the opportunities can be arranged.

c. Local and committing physicians should be encouraged to attend mental hospital conferences where they may see case presentations and hear explanations of the mechanisms of mental illnesses and also learn about the recoveries that take place.

V

It was decided that an advisory committee on educational activities be formed. It was suggested that the following outstanding specialists be invited to serve on this committee. (1) Dr. Albert Swift, professor of surgery, Syracuse Medical School; (2) Dr. Edward A. Sharp, professor of neurology, University of Buffalo Medical School; (3) Dr. Alan Gregg, medical director, Rockefeller Foundation, New York; (4) Dean Willard C. Rappleye, College of Physicians and Surgeons, Columbia University, New York; (5) Dr. Walter W. Palmer, professor of medicine, College of Physicians and Surgeons, Columbia University, New York.

These plans and suggestions, among others, will receive additional attention at future meetings of the committee.

NOLAN D. C. LEWIS, M. D.,
Chairman, Committee on Professional and Public Education

The hours and the types of courses in the tentative teaching schedule for the resident group were discussed and Dr. Bigelow announced that arrangements had been made with the budget authorities for the payment of fees for outside lectures, particularly at Syracuse Psychopathic Hospital.

Miss Crutcher asked if the committee had given any thought to integrating the social workers' functions into the teaching courses, as she considered it important for the residents to learn both the extensive and intensive aspects of psychiatric social work and the social implications of mental illness. Dr. Steckel replied that this requirement would be met, as it was planned to have social workers participate in the teaching conferences. Dr. MacCurdy added that the occupational therapists as well as other component groups would have to be included in the programs.

Committee on Preventive Work

The following report was presented by Dr. Steckel for the Committee on Preventive Work:

A meeting of the Committee on Preventive Work was held at 2 p. m., May 4, 1945, at the offices of the Department in Albany.

Those present were: Deputy Commissioner Bigelow, ex-officio; Assistant Commissioner Pense, ex-officio; Miss Hester B. Crutcher; Drs. Bellinger, Cohen, Bisgrove and Carmichael, and Dr. Steckel, chairman.

The question of psychiatric wards in general hospitals was discussed in the light of a preliminary partial poll of the general hospitals made by Commissioner MacCurdy. About 20 replies had been received from the questionnaire which had been sent out. No formal tabulation was made, but in a general way it would appear that those hospitals not readily accessible to State institutions feel there should be some provision made for the care of the less acute or less seriously disordered patients. It seemed to be generally accepted that, as few had suitable quarters available for such wards at this time, the proposition might be considered in the light of a postwar project.

On the whole, the same applied to the possibilities of establishing outpatient clinics, provided personnel were available.

The majority of the institutions had consultation service available, but practically none had trained psychiatrists in regular attendance.

Practically all admitted the responsibility which the general hospital should assume with regard to the care of borderline types.

The discussion soon led up to the question of obtaining personnel for this work —not only psychiatrists but social workers as well.

It was suggested that medical colleges increase their enrollments so there might be more graduates available to go into psychiatric work.

Rotating internships should include at least three months in psychiatry (when 24-month internships are restored), and more training in psychotherapeutic methods should be given in order to stimulate interest in psychiatry.

It was also suggested that if the State hospitals offered more pay possibly more men might be attracted to the State service.

The recruitment of social workers might be accelerated if someone from the Department should visit the colleges and inform them of the opportunities afforded

in this field in the State hospital service. While it was pointed out that letters relating to the apprentice items had been sent to all colleges, the committee believes that a personal contact might prove more effective.

In this connection it was recommended that all observation pavilions be required to have psychiatric social workers attached thereto.

Further discussion of veterans' problems was had. In view of the fact that as a rule veterans were loath to visit already established psychiatric clinics because of the implications, the idea of other agencies such as the Red Cross, establishing counseling services to supplement services already available, received some consideration. There seemed to be no gross objection to such a scheme, although, as a rule in most cases, psychiatric service is accepted by the veteran with no great difficulty, provided the approach is judiciously made.

The present program of the State Department of Education with reference to the borderline mental defective was under discussion.

The general consensus was that defects were not recognized early enough and that more vocational schools should be established. In the larger cities, this work is fairly well done, but departmental rules and restrictions often defeat the purpose, and regulations should, therefore, be more elastic.

More active work should be done with children suffering from reading disabilities. These often go unrecognized, or nothing is done about them. All of this leads to maladjustments of many kinds and, in the more marked cases, to actual criminal behavior. Teachers assigned to this work should have special training and should be more carefully selected.

There was a feeling by some members of the committee that colleges giving special courses in personnel management were not making their programs known to industry as a whole.

Perhaps more publicity in industrial journals and more contacts between the colleges and industry might be stimulated so that trained personnel managers would be utilized to greater extent and advantage. Finally, H. R. 2550, a bill having to do with a broad educational and research activity in mental health under the direct supervision of the United States Public Health Service, received some consideration.

This committee approves the bill in principle but it was the consensus that the final setup would require more careful thought and study before final approval thereof is given.

H. A. STECKEL, M. D.,
Chairman, Committee on Preventive Work

First Joint Meeting with Dentists

After a brief recess the directors, acting medical inspectors, and dentists-in-charge met in joint scientific session and Dr. MacCurdy presented Dr. Charles A. Wilkie, associate visiting oral surgeon of Kings County Hospital, Brooklyn, who spoke on "Oral Surgery and Exodontia Simplified."

Following this session, luncheon was served at Central Islip for the members, ladies and guests of the Conference. The guest speaker was the Hon. Edward J. Neary, director of the division of veterans' affairs, Executive Department, who described the State's plans for services to returning veterans.

Second Joint Meeting with Dentists

After luncheon, the directors, acting medical inspectors and dentists-in-charge adjourned to Kings Park State Hospital for a round table discussion of dental facilities and layouts in institutions and of other aspects of the dental program.

Dental Facilities and Layouts

Each director received a blueprint of the diagramatic layout for the diagnostic clinic proposed in each of the medical-surgical buildings to be erected under the postwar construction program. Illustrated therein was the proposed dental clinic. Mr. Arrowsmith, in describing this layout, remarked that the drawing was tentative, merely a suggested sketch for the information of the architect as to what should be done, and he invited frank and full comments.

A protracted discussion followed in which the dentists presented their ideas, many of which were at variance with the plans submitted. They considered the rooms too small and suggested several changes, such as provision for a separate waiting room (not in combination with the diagnostic clinic), with an administrative room adjoining it, where records could be kept. For extractions and surgery, the dentists thought one room with two or three chairs would be sufficient; for other types of work, they asked for separate rooms, or cubicles, which, they held, should be at least 10 x 12 feet. They also requested supply rooms and more space for the laboratories.

Dr. Bigelow said the purpose of this meeting was to obtain the dentists' views as to space requirements and structural arrangements as a basis for the Department's determinations of what would be considered adequate provisions for dental needs. The discussions manifested considerable divergence of opinions, with many proposals and counterproposals which required continued study; and Dr. MacCurdy proposed appointing a joint committee for this purpose.

Other Aspects of the Dental Program

Dr. MacCurdy asked for opinions from the directors and dental officers as to the proper ratio of dentists and dental hygienists to patients. Discussion on this point was inconclusive, the dentists pointing out that the ratio would depend upon the admission rate, the age and type of patients, the character of dental services to be given, and other factors. Subject to verification and further study, they offered a tentative figure of one dentist to 1,000 patients and one dental hygienist to 2,000 patients.

Whether all the dental work should be done in a central office or whether plans should be made to give service also to disturbed or regressed patients on the wards, by means of portable dental equipment, was another question which the group felt would require careful study.

Questions of types and numbers of positions required in dental departments were also discussed. An item for an assistant to each dentist had been requested. The dentists said this had been denied by the Classification Board; and they reiterated their reasons for the need of such positions in addition to those for dental hygienists. Mr. Kelly, speaking for the Classification Board, presented his views as to the salary and duties for this type of position but no agreement was reached.

An item for senior dentist in the larger hospitals was also requested. Mr. Kelly explained that the senior and associate titles were used in different institutions, depending upon the sizes of the dental departments, to designate the top positions. Accordingly, the senior item was used in the smaller institutions, where only one person was in charge of the dental service; and, for that reason, senior and associate titles were not found together in one institution.

On the subject of salaries, criticism was voiced by the dentists that whereas formerly senior dentists were rated at the same grade as senior physicians, they were now rated lower and received less salary. Various aspects of the subject were discussed at length; and as there were many controversial points which could not be settled within the limited time available for discussion, Dr. MacCurdy proposed to appoint a special joint committee for further study of this problem and others involved in the development of a standardized dental program.

Adjournment

The Conference adjourned to a clambake on the grounds of the Kings Park State Hospital, at which the Conference members were joined by their wives as guests of Dr. Arthur E. Soper. The Department also cordially acknowledges the hospitality of Dr. Harry J. Worthing and Dr. David Corcoran who afforded the facilities of Pilgrim and Central Islip State Hospitals to the members and guests of the Conference.

NEWS OF THE STATE INSTITUTIONS FOR THE HALF-YEAR PERIOD FROM JANUARY 1, TO JUNE 30, 1945

NEW INSTITUTION FEATURES, ADMINISTRATION, CONSTRUCTION, MAJOR IMPROVEMENTS, OCCUPANCY OF NEW BUILDINGS, ETC.

STATE HOSPITALS

Binghamton

A new diathermy apparatus and a new "shock" therapy machine have been purchased.

New electric coolers have been installed at the dairy barns at Barlow and Parks farms. These will aid greatly in cutting down the bacterial count and will enable the dairies to maintain milk at the proper temperature over night, and will eliminate the necessity of a trip to the hospital storehouse with the milk each night. The old ice house has been razed to salvage lumber for a farm implement shed at the farm property. The demolition is an improvement, as it affords better visibility when approaching the corner by automobile.

A new slate roof has been placed on Wagner Hall.

Brooklyn

A new labor ory for teaching nursing arts was opened on May 14 in the former sewing room in the west building. It has been equipped with cubicles, 12 gatch beds, suitable tables and chairs. A sterilizing room immediately adjacent has a utensil sterilizer, a bed-pan sterilizer, a blanket warmer, a sink and closet space. The treatment room is equipped with an instrument sterilizer, medicine cabinet, surgical sink and supply cabinets.

A new science laboratory for the school of nursing has been installed on the first floor of the reception building in quarters originally intended for an exercise room. There are modern laboratory tables with gas, water and electricity, suitable closet space, student chairs, and a demonstration table.

Central Islip

Progress reports on various projects about the institution show: interior painting on new infirmary building, No. 95, 48 per cent completed; planting about the building completed; the rewiring of group "I" completed; the replacing of overhead transmission lines with underground cable 38 per cent completed; and the extension of street lights on the road from group "L" in the rear of the assembly hall to the administration building 45 per cent completed.

Creedmoor

The plastering and waterproofing of the corridors of building "R" has been completed, and the job of installing roofs over the sun porches of building "N" is 90 per cent finished. The work of repairing the floors of the serving section of building No. 3 and the parapet walls of building "N" is approximately 30 per cent finished.

Harlem Valley

Three greenhouses have been taken down and brought from the Ogden Mills Estate at Staatsburg, to the institution. They are being reconstructed at the hospital by the maintenance department.

Hudson River

Repairs to the roofs at Ryon Hall have been completed. Work is in progress on repairs to the roofs of the main building and Avery Home; on the installation of a flocculator for the water supply system; on construction of a chemical storage building; and on a project for a new central clothing room and print shop at Ryon Hall. Renovation of the former patients' dormitory on the second floor of the main building for offices for the payroll and personnel department was completed.

Demolition of the old wooden structure known as the nurses' home located opposite the central group building is well under way.

Kings Park

Work on the installation of service tunnels at group 3 has been completed.

Manhattan

New recreation facilities installed for the patients include two two-way bowling alleys on two wards and two new moving picture projectors.

Other improvements include: an air-void container system for service of hot food to outlying buildings; the installation of an electrocardiograph, two instrument sterilizers and four bed-pan washers; and the placing of fluorescent lights in the visitors' lobbies in the reception and main buildings.

The incinerator has been 98 per cent completed.

Marcy

During February, over 160 trees about the hospital grounds were severely damaged by ice and wind storms; and repairs were effected by experts under contract. Early in March, 12 large maples were moved from position close to the assembly hall and replanted by the district department of public works.

A new ice compressor has been installed in the power house.

Middletown

The hospital was fortunate in being able to purchase sectional metal scaffolding second hand. and our painters have painted it. It will facilitate the repair of roofs, gutters, chimneys and brickwork as well as interior repairs and painting.

Pilgrim

On June 4, a library for patients and employees was opened in rooms adjoining the assembly hall. The circulation of books reached 3,000 copies in a short time. The new library has a collection of colorful reproductions, prints, etc., loaned by the Metropolitan Museum of Art. Arrangements have been made to have this changed monthly.

During the period covered by this report, effective changes have been made in the quarters for the school of nursing, a new laboratory has been completed, a new nursing arts room has been installed, and considerable redecorating has been done.

Rochester

In March, the hospital was notified that by Chapter 300, Laws of 1945, a $3,370,000 special fund had been provided for a medical and surgical building, with service connections and ground improvements. An appropriation of $38,000 also was provided for automatic fire sprinklers in all buildings not now so protected, except those considered fireproof.

Through what is described as a legislative error, the way has not been made clear for the purchase of Monroe County land, adjacent to the existing property, although legislation of 1925 made possible an exchange of land between the county and the State. This was never effected. Because of changed conditions, it is now thought advisable to purchase this land.

Renovation of a farmer's cottage has been completed for occupancy by an assistant director. This makes available three single houses and one five-family staff house, all other members of the staff being housed in the centers off the wards.

St. Lawrence

By erecting a partition in the day room of Ward 30 and installing a tile floor, a new beauty service unit has been created for the use of Flower building patients.

Alterations have been made at the milk house and two electrically-cooled tanks have been installed for the cooling of milk, with the use of ice for this purpose discontinued.

Utica

Work on an $11,245 contract for replacement of floors and wainscot in the main kitchen, building No. 30, and floors in the scullery and canning space, building No. 31, was about 26 per cent completed in building 30 and about 40 per cent in building 31 by the end of June.

Willard

Repairs have been made to the speed changer of engine No. 1 at the power plant; a new ball-bearing pump has been installed; and the roof of Chapin House, damaged by a storm, has been repaired.

STATE INSTITUTIONS

Letchworth Village

Repairs to the masonry walls of Oak Colony have been nearly completed.

Newark

The Walters' farm, of approximately 130 acres, one and one-half miles from the school, has been purchased and is now under cultivation; purchases at the owner's auction of implements were: one International one and one-half ton truck; a tractor plow, a wagon, bobsleighs, an orchard spraying rig, and a milk cooler.

A new hot water system has been installed in the Newark Colony house.

Rome

Patients were withdrawn from Kossuth, Smith and Howe male colonies and Elmore, Jenkins, Sanford and Lawrence female colonies on March 31, 1945, chiefly because of the failure of owners to renew leases. These changes reduced the capacity of the institution from 3,222 to 3,064, a decrease of 78 in the male and 80 in the female colony capacity.

Syracuse State School

The Board of Visitors' room has been completely redecorated and the picture of the late Dr. Charles E. Rowe hung with those of former superintendents.

Considerable painting has been done and a number of new linoleum floors laid.

A new $9,100 hatchery building, with a $2,555 incubator, is in use at the Belle Isle Colony. About 1,800 chicks are being hatched weekly, and chicks have already been sent to Rome State School, Gowanda State Homeopathic Hospital, Auburn State Prison and Newark State School.

The acquisition of land purchased on May 17, 1945, known as Elmwood Colony of the Syracuse State School, has been made on Comptroller's Warrant E—461 for a price of $10,000.

Repairs to gutters, roofs and masonry work to the amount of $6,500 have been completed.

Wassaic

A walk-in refrigerator for food storage has been installed at Valatie Colony; and a partition has been built in a T building dayroom to provide a special ward for delinquent boys, segregating them from better behaved patients.

Craig Colony

The Colony's first project from postwar construction funds, an infirmary for 200 women patients, is under construction.

A new switchboard for the institution's outside telephone has been installed.

NOTEWORTHY OCCURRENCES

STATE HOSPITALS

Binghamton

The Endicott-Johnson Chorus of a hundred voices presented a program for the patients on March 10.

Fifty thousand feet of lumber has been sawed from logs cut from the hospital woods during the winter of 1944-1945.

Binghamton continued to send physicians to assist the induction team at Syracuse.

George Bain Cummings, city engineer of Binghamton, to whom the contracts were awarded for preparing drawings for some of the postwar construction at this hospital, has held several conferences with the board of visitors and the director.

George C. Bebb of the office of the State architect, visited the hospital on May 15, to consider sites for the new medical and surgical building and a new building for disturbed patients, both of which are to be erected.

The fifty-fourth annual field day was held on Wagner Hall Field, June 21.

Hiram Howard, attendant, died on April 26; Ruth W. Taylor, attendant, on June 2; and Joseph Cornell, carpenter, on June 6.

John F. Gardner, electrician, retired on March 1 and Dennis Corkery, fireman, on April 30.

Brooklyn

The clinical laboratory was fully approved by the New York State Department of Health in March.

A Seder service was held in the assembly hall on March 28 under the auspices of the Daughters of Jocheved. Three hundred and eighty-five patients attended and food prepared by Jewish dietary rules and suitable to the occasion was served.

Capping exercises were held for the students in the school of nursing on March 15 when 27 students received their caps and insignia. Mrs. Ethel G. Prince, R. N., executive secretary, District 14, New York State Nurses' Association, gave the address. Graduating exercises of the school were on the afternoon of June 16, when two men and 27 women received diplomas. The principal address was by J. Edward Conway, president of the New York State Civil Service Commission. Mrs. Grace M. Whitehall, secretary of the board of visitors, gave a tribute to the graduate nurses from this hospital who are now in military service. The exercises were followed by a reception and dance in the evening.

Martha Brown, attendant, died on March 28; and Nicholas J. Mandonkas, attendant, died on March 4 while in military service.

Buffalo

Henry C. Mietus was appointed a member of the board of visitors on January 15 to fill the unexpired term of Blase M. Grabowski. J. Milford Jennison was reappointed a member of the board on January 22.

On March 29, information was received from the Department of Mental Hygiene that under Chapter 300, Laws of 1945, Part 16, a special fund of $1,405,000 is available to the hospital for construction of a medical-surgical building, service connections and improvement of grounds.

A new 16-mm. "Filmosound" projector was purchased by the occupational therapy department in March to carry out a program of visual education for all patients in the hospital. Arrangements were made to borrow films from the Department of Education, Buffalo.

Frank C. Shields, 43, barber for the past 15 years, died on April 1.

Mrs. Julia Donovan, head nurse, and Mrs. Anna Wallace, head seamstress, retired on April 31. Mrs. Bertha Markwood, dining room attendant, retired on May 31.

Central Islip

Central Islip was glad to extend a hearty welcome in January to the first group of students from Adelphi College to report for a 12-week course in psychiatry.

Eighteen students admitted in September were formally accepted into the school of nursing at a capping exercise, February 2, in Robbins Hall. The senior students directed the program. The chairman was Patricia Jones. The candlebrae service was given by Mary Tobin. Music was by Julia M. Riffon at the organ, with Mary M. Izadore as vocalist. The Florence Nightingale pledge was led by Mrs. Ethel G. Adams, assistant principal. Refreshments and dancing followed.

Mrs. Louis Wendel, a member of the board of visitors, died February 12.

A total of $313.95 was donated by the hospital personnel for the annual fund-raising appeal of the National Foundation for Infantile Paralysis; and $300 was given in the drive for the Red Cross.

The Rev. William R. Watson has been appointed to the Central Islip board of visitors.

A memorial service for President Roosevelt was held in Robbins Hall, April 13. Patients and employees listened to a short sketch of his life; the choir sang several hymns; and a 30-second period of silence was observed. The ceremony was concluded by the blowing of "taps."

On May 24, Mrs. P. J. Feening and Rabbi A. L. Dardoso of Surinam, Netherlands West Indies, and Dr. E. J. Abrahams, director of the Wolffenbuttel Mental Hospital, Paramaribo, Dutch Guiana, visited the hospital and made a tour of inspection.

Notification has been received from the State Insurance Fund that this hospital has won first place in the fifth annual accident prevention contest of the Department of Mental Hygiene, covering the year 1944.

Dr. G. F. Nelson, clinical director of the Provincial Mental Hospital in Weyburn, Saskatchewan, Canada, came to the hospital June 12 for a four-day period of observation and study as a part of his three-month training in administration given by the Saskatchewan government.

Miss Raphael A. Henry, supervisor of social work (substitute), resigned April 5. Mrs. Ethel B. Bellsmith, director of social work, returned from leave of absence as field director of the American Red Cross in Mason General Hospital, Brentwood, on April 6. Miss Eunice Vassar was promoted to senior social worker from senior social worker (provisional), on June 4. Miss Florence Hogan was promoted to senior social worker from social worker on June 12.

The following persons were placed on military leave during the past six months: Philip A. Kelly, Elide Scantamburlo, Irene Gleason, Irene Steele, Marcia C. Bledsoe and Cecelia B. Kennedy.

Retirements were: Dennis O'Keefe, staff attendant, December 31, 1944; Angelina Conwell, attendant, January 16; Mary McDonough, attendant,

February 28; Carolyn L. Morris, head nurse, March 7; Nellie J. Higgins, attendant, April 1; and Michael J. Donohue, attendant, June 9.

Deaths were: Arthur H. Mayer, attendant, June 12, 1944 (killed in action with the armed forces); Rudolph H. Kasper, attendant, December 12, 1944 (killed in action); Oscar F. Archer, attendant, January 9; John McBrien, attendant, February 16; William Skines, attendant, March 13; Charles E. Marvin, mason and bricklayer, April 18; Robert T. Scott, principal stores clerk (substitute), May 17; Denis McSweeney, attendant, May 22; and Thomas P. McDermott, attendant, June 5.

Creedmoor

Dr. H. A. LaBurt, director, was elected vice-president of the Queensboro Council for Social Welfare on March 26, and named chairman of the council's mental hygiene committee on May 15.

Gowanda

Miss Dorothy A. Reed, principal of the school of nursing since 1928, was transferred to the same position at Rochester State Hospital, January 21.

The Department of Health division of tuberculosis, began its chest X-ray survey of all patients and employees on May 8.

A regular meeting of the Cattaraugus County Medical Society was held at the hospital June 14. The afternoon was spent playing golf followed by a picnic supper and a business meeting in the evening.

Harlem Valley

The Dutchess County Medical Society had its annual outing and dinner at the hospital on June 13.

Jacob Neuchatz, junior pharmacist, resigned February 28. Mrs. Ida Stark, attendant, retired February 23 and Frederick A. Depperman, attendant, on March 21.

Lawrence Harris, cook, died on March 25.

Hudson River

Hudson River State Hospital was notified on January 16 of the appointment by the Governor of Edwin H. Rozell of Poughkeepsie to the board of visitors to fill the vacancy created by the retirement of Charles A. Hopkins.

The monthly meeting of the Dutchess County Medical Society continues to be held at this hospital on the second Wednesday of each month.

During March, four graduate nurses completed a 16-hour course for head nurses at St. Francis Hospital, Poughkeepsie. This course was given un-

der the auspices of the United States Public Health Service to help train young graduate nurses for positions as head nurses. Four senior cadets left on March 15 for six months experience at the England General Hospital, Atlantic City.

The following employees retired on pension during the first six months of 1945: Robert C. Workman, staff attendant, March 1; Annie K. Gillies, staff nurse, March 12; Ella T. Mahar, head nurse, May 1. Deaths during the period were: Frieda J. Swenson, head nurse, January 16; Marie O. Steele, laundress, February 3; Patrick J. Manning, attendant, March 13.

Since January 1, the following employees have entered military service; Margaret Keyes, Jack V. Ciancio, Charles E. Mohrman, Edward K. Thompson, Virginia Gunn and Margaret Devaney.

Elizabeth Staley Swoap, occupational therapist, resigned February 28, and Editha Mary Chase was appointed occupational therapist on April 16.

Kings Park

Miss Norma Parker of the faculty of the Sidney School of Social Work, Sidney, Australia, visited Kings Park State Hospital, January 22, by arrangement with Miss Hester B. Crutcher. Miss Parker is making a survey of the social service work and family care in the mental hospitals of the United States.

The consulting and visiting staffs of this hospital have been reappointed for a period of one year with the exception of Dr. Robert Severance, consulting urologist, who resigned.

The seventh blood bank for the hospital and vicinity was conducted on February 13 by the American Red Cross, the eighth on May 1.

Kings Park State Hospital received an allotment of 184,000 pounds of apples through the War Food Administration.

By arrangement with the American Legion Auxiliary, through poppy chairman, Mrs. Ellen Carlson, 100,000 official Memorial Day poppies were made by the ex-service men of Group 3, from February to May 1. The men were paid one cent for each completed poppy. This provided quite a bit of luxury money for many who otherwise would not have had any. A total of $1,000 was made. The annual "Veterans' Day" was held at the hospital on May 30 with a program sponsored by the Suffolk County organizations of the Legion.

Father Lopez of the Department of Education, Colombia, South America, through arrangement with the Department of State, has been visiting this hospital at different times during the month in furtherance of his studies at Fordham University. He is primarily interested in the juvenile patients.

Mrs. Merry Parkes was reappointed a full-time member of the board of visitors in February. James F. Twohy resigned from the board on March 23.

Eltinge Crosby, staff attendant, detailed as transfer agent, retired after 25 years of service on January 31. John H. Stephensen, laundryman, retired on February 9; Sherman Joyce, night supervisor, retired on February 28; Mrs. Lillian O. Steenson, staff attendant, retired after 25 years of service, March 31; and Mr. and Mrs. John Smith, attendants, April 30.

Deaths were: Clarence Lyons, supervisor, February 6; and John McNulty, attendant, April 17.

Manhattan

Eleven affiliate nurses reported from the University of Pennsylvania Hospital on January 28. Sixteen students reported for affiliation from the same hospital on April 22.

On June 22, school of nursing graduating exercises were held. There was an address by Commissioner Frederick MacCurdy.

For the six-month period ending June 30, there were admitted to Manhattan State Hospital 1,116 patients.

Helen E. Meagher, social worker, apprentice, was appointed social worker (provisional), January 1. Hannah F. Ziering was appointed instructor of nursing, January 1. Hans Corhus, carpenter, was appointed senior maintenance supervisor (provisional), on the same date.

Evelyn Sarian, social worker, was granted leave without pay, May 1. Elaine Ann Smith was appointed social worker by transfer from Syracuse Psychopathic Hospital, June 1.

Doris L. Haldenstein, staff nurse, was granted military leave February 15.

Mary Purtell, attendant, died on April 30, and Katherine McCracken, senior stenographer, died on June 10.

Marcy

Dr. George C. Bower, director of clinical laboratories, attended sessions in clinical hematology, arranged by the American College of Physicians at Ohio State University, College of Medicine, Columbus, from April 16 to April 21.

On April 25, a dinner in honor of the visiting and consulting staff, sponsored by the resident medical staff, was held at the hospital, followed by a short scientific session.

Dr. George L. Warner, acting director, met with the Oneida County Committee on Child Guidance, on June 13, at the County Court House in Utica, to discuss the proposed establishment of a permanent clinic for the county.

E. Raymond Jones, recreational instructor, returned from military leave January 9.

Military leaves of absence since January have been granted to Eugene Schmelcher and J. Roger Warner.

Frederick W. Edgett, assistant cook, returned from military duty June 16.

Middletown

Middletown State Homeopathic Hospital can report that during the Christmas season of 1944, $795.50 was donated by friends for unremembered patients.

Miss Miriam Walker, instructor of nursing, attended a workshop course at Columbia University and on her return conducted classes for the Middletown graduate nurses to acquaint them with advances in nursing practice and procedures.

Seven students of the school of nursing have begun their senior cadet period, two of them at St. Albans Hospital, Long Island, and five at Rhoads General Hospital, Utica.

District No. 11 of the New York State Nurses' Association met at this hospital on April 20.

Capping exercises and cadet induction ceremonies were held on May 12 in the student nurses' home. The principal address was by Mayor Brochu of Middletown.

Mrs. Maysie T. Osborne, senior social worker, retired on January 1, after 23 years in charge of Middletown's social service department. To Mrs. Osborne, should go the greater part of the credit for the establishment at this hospital of one of the outstanding family care programs in the State. William B. Scheiber, senior business officer, retired on February 1, after having been continuously employed in State service since 1906. He had been appointed steward at Middletown 18 years ago. One other retirement became effective on February 1, that of Miss Margaret Murphy, nurse, caused by poor health.

Mary L. Wheeler, attendant, retired on March 1, as did Fred D. White, a painter.

Entries into military service were: Margaret Benedetto, Marilyn Stevens, Joan Kronk, Francis Monahan, Antoinette Masci, and Beatrice Bailey.

Pilgrim

A special service was held on May 8 (V-E Day) in the assembly hall. The Rev. Wallace T. Vietz, the Rev. Robert Torrey and Father Hugh Graham, chaplains of the hospital, and the director, made brief addresses. There was a program of special patriotic music, and prayers of thanksgiving were offered.

Graduation exercises for the school of nursing were held on June 21. The principal speaker was Mrs. Laura Fitzsimmons, nursing consultant, American Psychiatric Association. Nine students were graduated, all members of the United States Nursing Cadet Corps.

Mrs. Evelyn Mitchell was appointed social worker apprentice on February 19.

Martha Hackwell, occupational therapist, provisional, resigned on February 24.

Mrs. Edith Gross was appointed social worker on March 15. Janet E. Myers was appointed social worker, apprentice, on April 16, and Elizabeth King on May 16.

Jean Fraser, occupational therapist, resigned, May 20.

Word was received at the hospital on January 15 that Donald Korinko, employed in the business office, was missing in action in the Pacific, having been on a destroyer which was lost in a typhoon.

Rochester

The term of M. Bruce Potter, member of the board of visitors for 21 years, expired on December 31, 1944. He is succeeded by Dr. Arthur M. Johnson, a former health commissioner of the city of Rochester. Dr. Johnson's appointment became effective March 30.

The shortage of personnel has been the most difficult situation Rochester State Hospital has had to meet. This is particularly so in regard to the medical staff, no members of which were able to take vacations in 1944.

The Community Nurse Graduation Exercises for the general hospitals in Rochester were held on June 1, as is the custom, at the Eastman Theater; and the graduates of Rochester State Hospital were included in this program. There were six women graduates of our hospital. A reception was held later at the hospital for friends and relatives.

Mrs. Christine S. Kittredge, R. N., principal of the school of nursing, retired, January 1, and Miss Dorothy A. Reed was named principal by transfer from Gowanda on the same date.

Anthony Repicci was appointed senior medical technician, June 18.

Thomas J. Dougherty, employee, died on May 17.

Rockland

Miss Frances W. Witte returned to Rockland State Hospital on January 2, to assume charge of the school of nursing.

The colored Wacs of Camp Shanks held a dance in the assembly hall on January 31.

The Nyack Chapter of the American Red Cross held a blood bank in the assembly hall on February 9. The donors were from Camp Shanks. Members of the hospital medical staff and of the school of nursing assisted.

Dr. Albert V. Hardy, United States Public Health surgeon, has been vaccinating against bacillary dysentery a number of patients in certain buildings where this disease has been prevalent.

Miss Leona Stark was appointed social worker, March 1, and Miss Rhoda Axtell was promoted to social worker, February 15.

A going-away party was held for Dr. and Mrs. Attilio Laguardia on March 22, on the occasion of his appointment to the position of assistant commissioner, Department of Mental Hygiene of the State of Ohio. The party was attended by a large number of officers and employees. Gifts as well as a scroll in recognition of Dr. Laguardia's services at the hospital, were presented, followed by a buffet supper and dancing.

An organ recital was given in the assembly hall on the afternoon of Easter Sunday, April 1, by Robert W. Stirling of Bayonne, N. J., to which patients and visiting relatives were invited.

Dr. O. Arnold Kilpatrick, formerly clinical director at Willard State Hospital, and before that parole officer at Rockland, has been transferred to Rockland, effective February 15. He was on military leave from Willard and will continue on leave from Rockland until released from military service to take up his duties here.

Dr. Pedro Sanchez-Landaeta of Caracas, Venezuela, reported for duty on March 7 and was assigned to the male reception service.

On April 25, the Rockland County Medical Society held its spring meeting at the hospital. Dr. Carl Binger of New York, read a paper, "A Critique on Psychosomatic Medicine."

The Rev. Michael J. J. Murphy, Catholic chaplain, resigned April 30 to become pastor of the Catholic Church in Nyack. His place has been filled by the Rev. Thomas Farrell of Rye.

A meeting was held at the hospital on May 2 to discuss the establishing of research work in psychology here. It was attended by Prof. Robert M. Yerkes of the Yale University School of Medicine, Dr. Karl Lashley of the Yerkes Laboratories of Primate Biology, Orange Park, Florida, Frederic G. Carnochan, member of the board of visitors, Prof. Henry Garrett of the psychology department of Columbia University, Dr. Carney Landis, direc-

tor of psychology at the New York State Psychiatric Institute, and Dr. Elaine Kinder, senior psychologist, and the director of the hospital.

Mrs. Elizabeth Veal, head nurse, retired on March 1.

The following employees have returned from military service: Emil M. R. Bollman, Guy Campbell, Wilson Cooper, Otto Jacobs and Joseph Arno.

The following deaths occurred during the period: Frank Engelhardt, machinist, January 16; Margaret Babcock, staff attendant, May 30; Arthur K. Babcock, attendant, May 30; Mrs. Jessie Nichols, housekeeper, June 18.

St. Lawrence

Mrs. Ruth B. Warren, principal, school of nursing, spent the week of January 8, making a study of the administration and nursing service in the following hospitals in the New York City metropolitan district: Morrisania, Mt. Sinai, Jewish Memorial, Central Islip and St. Albans.

Mrs. Marion Wells of Ogdensburg, has been named a member of the board of visitors, term to expire December 31, 1950. Allan L. Gurley of Potsdam, has been named a member of the board, term to expire December 31, 1951.

On February 1, four graduate nurses left to attend a newly-organized course of four months in advanced psychiatric nursing and allied subjects at Columbia University.

The St. Lawrence State Hospital Chapter of the State Civil Service Employees' Association gave a dinner on March 22 at the Hotel Seymour, Ogdensburg, at which 180 were present.

District No. 6 of the New York State Nurses' Association met at the hospital on April 4. Miss Claire Casey, State president of the association, and Lieut. Kutzer of the recruiting office of Syracuse spoke. The topic was the drafting of nurses and the most efficient ways of entering the armed services. Ninety nurses of the northern section of the State were present, and a buffet supper was served.

A survey of the patients and employees for tuberculosis was completed on April 17 by representatives of the Department of Health.

The hospital chapter of the civil service employees' association held a dance on April 26, at Curtis Hall, at which time the chapter presented to the hospital a service flag showing the number of officers and employees who had entered military service, the total being 135. The flag, presented by Robert D. Silverman, president of the chapter, and accepted by Dr. J. A. Pritchard, director, has been hung in the entrance hall of the administration building.

Lieut. Marjorie Black of the Army Nurse Corps, addressed the student nurses on V-E Day on experience in the Army Nurse Corps and the desirability of enlistment in that service.

On May 7, Miss Appleton, nurse director of the Plattsburg State Teachers' College School of Nursing, and Miss Lewis, dean of women there, visited the hospital in reference to the affiliation of their students. Miss Jessie Bolenius, superintendent of nurses, and Miss Jacobs, supervisor of the operating room of the Auburn City Hospital, visited and inspected the hospital and arranged for the affiliation of students on May 25.

Sawing of lumber from logs cut during the winter was completed in May. A total of 53,565 feet was obtained.

Percy A. Amsden, senior stationary engineer, has retired after 35 years and five months of employment. Samuel Thompson, head farmer in charge of the hospital dairy, retired, having reached the age limit after more than 23 years of service. W. Newton Goold, farm manager, retired after reaching the age limit. He had been at this hospital for nearly five years.

Military leave was granted to Erwith Dezell, Harold Jackson and William Herzog.

William J. Wood, Harley J. Murphy and John Evans returned from military leave.

Resignations to enter military services were received from Donald Cardinal, Allan Cohen, Robert Bellinger, David C. Ashley and Lester Rische.

Ila Washington and Theresa Robinson, freshman students in the school of nursing, have resigned to join the Women's Army Corps.

Iva Akin, nurse, on military leave for some time, was married while in the service, and came to the hospital and resigned on March 8.

Utica

Dr. Willis E. Merriman, director, presided on January 26 at the Utica Y. M. C. A., at an Institute on Beverage Alcohol Problems, at which Prof. Jellinek of the research division of the department of applied physiology of Yale gave a talk on research into the fundamentals of the use of ethyl alcohol as a beverage.

Capping exercises were held in Hutchings Hall on February 16. Eleven students received caps and capes. Miss Edna W. Conway, principal of the school of nursing of Marcy State Hospital, was the speaker.

Two members of the Utica "Alcoholics Anonymous" group attended a staff conference on March 12 at Hutchings Hall and explained the principles of the organization. They offered to assist any persons whose condition would be appropriate and who sincerely wished to obtain help in keeping "dry," as they expressed it.

Under the auspices of District No. 7 of the New York State Nurses' Association, the annual Florence Nightingale services were held in Hutchings Hall on May 10.

Several meetings with employees have been held by organizers and representatives of the C. I. O. and the A. F. of L. in recent months. In May, a local of the A. F. of L. was organized, and officers were elected.

Mrs. Mabel Kirkpatrick, senior social worker, who had been on leave of absence for one year, filling a temporary position at the After-Care Clinic, New York City, resigned on May 31, to accept a permanent position at Rome State School.

The following employees have retired: Jane Williams, domestic, April 10; Jean G. Barnard, domestic, June 30 (retroactive to November 16, 1943): and Agnes Thayer, attendant, June 30 (retroactive to May 23, 1944).

Since January 1, the following employees have entered military service: Rosemary A. Demo, Gertrude M. Demo, Amelia M. Abdoo, Mary T. Pupek, Barbara A. Riley and Lillian B. Lowenberg.

The position of senior physical therapy technician, vacant for one year, has been abolished by the Department of Mental Hygiene and Department of Civil Service, and in its place two new positions have been established. They are X-ray technician and physical therapy technician.

Willard

Dr. John A. Hatch has been appointed a member of the board of visitors.

The schoolhouse for the school of nursing was opened February 14. Exercises were held on the front porch with a prayer by the Rev. Henry Bleier, an address by Thomas J. Clary, president of the board of visitors, remarks by Dr. Keill, and benediction by the Rev. Thomas P. Stafford, following which the door was opened by Mr. Clary, the building was inspected and an informal tea was served.

Fire was discovered on April 23, at about 10:30 p. m. in the six-room apartment in the five-family staff house known as Cottage B. The apartment had not been occupied recently and was being repainted and the floors refinished. Some damage was done to the floor and doors and to some of the furniture, but the chief damage was caused by smoke on the newly-painted walls. The total damage has been estimated at $1,000. It has not been possible to determine the cause of the fire.

Memorial Day exercises were held at the hospital May 30 under the direction of Thomas McDonald, commander of South Seneca Post of the American Legion. Members of the Legion, the Ovid Central School Band, the hospital fire department, the Ovid Boy Scouts and the Girl Scouts of Sampson marched in the parade from Grand View, through the hospital grounds, to the soldiers' plot in the cemetery, where 108 veterans are buried.

An Institute for Public Health Nurses in this district was held at Hadley Hall, June 13 and 14. Arrangements were made by Miss Ruth S. Bloom, principal of the school of nursing. The institute was opened on the first morning with an address of welcome by the director, in the course of which the purpose of the meeting was outlined, some misconceptions about State hospitals and mental illness were commented on. After luncheon, there was an address by Dr. Frederick MacCurdy, Commissioner of the Department of Mental Hygiene. He was followed by Miss Hester B. Crutcher, director of social work of the Department. Dr. Angelo J. Raffaele, supervising psychiatrist, then gave a lecture demonstration of therapies in use at this hospital.

The institute was opened the second day by an address by Lieut. Albert V. Cutter, M. C., U. S. N. R., who spoke on psychiatric problems confronted in combat. Mrs. Laura Fitzsimmons, nursing consultant, American Psychiatric Association, spoke on psychiatric nursing and its opportunities.

Miss Stella M. Hawkins, secretary of the board of nurse examiners, spoke extemporaneously. Maj. Solomon M. Haimes, M. C., chief of neuropsychiatric section, Rhoads General Hospital, Utica, discussed postwar plans for the returned soldier with a neuropsychiatric condition.

The afternoon session was addressed by Dr. Harry A. Steckel, director, Syracuse Psychopathic Hospital. Dr. Don M. Griswold, district State health officer of Geneva, spoke extemporaneously on mental hygiene as related to public health. The institute was brought to a close by presentation of cases by Dr. Willis A. Strong, supervising psychiatrist, Willard.

One hundred and forty-five persons registered for the first day's session and 140 for the second, with 30 attending both days. In addition to public health nurses from the 10 counties of our State hospital district, there were in attendance representatives from the department of nursing of Keuka College, Syracuse University and Alfred University, who have students from their departments affiliating at Willard, and in addition people came from the department of nursing, University of Rochester; Rochester State Hospital; Clifton Springs Sanitarium; Veterans' Hospital, Canandaigua; Corning Hospital, Corning; Biggs Memorial Hospital, Ithaca; and general hospitals in Syracuse, Auburn, Geneva, Canandaigua and Ithaca. A delegation from the United States Naval Hospital at Sampson attended both days.

Lester E. Steen is on leave for military service.

Retirements from the service have been Elizabeth Astrup, Hattie M. Ochs, Bertha J. Salzer, Joseph A. Kearney, and Bertha Newton.

Psychiatric Institute and Hospital

The New York Society for Clinical Psychiatry met at the Psychiatric Institute on April 12. Several presentations were made, two by members of the Institute staff, Dr. M. M. Stern and Dr. Paul Hoch.

Dr. Lewis, director of the Institute, again organized, as he had in the years before the war emergency, an up-State and a down-State interhospital conference. The up-State group met on Monday, April 30, and Tuesday, May 1, at Syracuse Psychopathic Hospital. The down-State conference was at the Institute on Monday, April 23, and Tuesday, April 24. Several staff members of the Institute presented papers. Dr. Abner Wolf, assistant professor of pathology at the College of Physicians and Surgeons, was guest speaker on both days. Both conferences were very well attended.

Dr. Herman de Jong, associate professor of neuropsychiatry, Duke University, North Carolina, gave a talk on "Experimental Liver Catatonia and the Cephalin-Flocculation Liver Test in Catatonic and Other Schizophrenias," at the Institute on Tuesday, March 6. Members of the staff of the Neurological Institute and their professional friends also attended.

Dr. Alfred C. Kinsey of the department of serology of Indiana University, Bloomington, Indiana, gave a talk on "Human Sex Research" at the Institute on Wednesday, February 21.

Changes of importance in the nonmedical personnel of the Institute in the six-month period include the following appointments: Aurora Kipperberg, physical training instructor, February 13; Alma A. Oktavec, social worker, March 26; Frances Dobkin, physical training instructor, April 2; Calvin P. Stone, Ph.D., associate research psychologist, April 1; and Gladys A. Willey, occupational therapist, May 1. Aurora Kipperberg resigned on March 18; other resignations were: Henry W. Nissen, Ph.D., associate research psychologist, March 1; Shirley S. Thompson, social worker, March 6; and Floy Ione Wetzel and Peggylee Purcell, psychology internes, May 31.

The Institute received word that Lloyd L. Anderson, nurse, had died on August 15, 1944, while on leave of absence for military service.

Syracuse Psychopathic Hospital

Miss Elaine Anne Smith, social worker, transferred on April 30 to a similar position at Manhattan State Hospital.

The up-State Interhospital Conference of the Department was held at this hospital on April 30 and May 1. Faculty members of Syracuse University Medical School made important contributions. A conference of social workers serving up-State New York institutions was also held on the same days.

A joint meeting of the Onondaga County Medical Society and the Syracuse Academy of Medicine was held at the hospital on the evening of May 15.

STATE INSTITUTIONS

Letchworth Village

The Senate confirmed the reappointment of Franklin B. Kirkbride as a member of the board of visitors of Letchworth Village on January 23. Mr. Kirkbride was appointed by Governor Hughes as a member of the committee to select a site for Letchworth Village and has been continuously on the board since then. He has served as its president since 1935.

Miss Jean Nichols, nurse, left to enter military service on June 1.

George Lawrence, attendant, died on January 18; Miss Ada B. Williams, attendant, on January 24; Miss Ethel Mae Nelligan, attendant, on April 19; Oscar Glassing, occupational instructor, on April 28; and Nicholas Komar, attendant, on June 2.

Newark State School

Dr. Demont Oyer of Wolcott, has been named to the board of visitors, to fill the unexpired term of the late Dr. George H. Watson, former president of the board; and Mrs. B. F. Thompson of Rochester, has been reappointed to the board of visitors, following expiration of her term.

Dr. Frederick MacCurdy, Commissioner, while making his annual budget visit to the school on June 18 and 19, attended the graduation exercises of the domestic arts class and addressed the class.

A suit for damages against the State, in the death of patient, Daniel Menino, was held before the Court of Claims in Rochester, on May 14 and 15. This boy had been placed in family care and, later, was found dead by hanging on the farm of this family-care home. The importance of this trial was in its possible effect upon family-care placements, since it was claimed that the State was negligent by placing the boy outside. Dr. Frederick Parsons, former commissioner, and Dr. Horatio M. Pollock, former statistician, were called upon to testify in defense of this type of care for mental defectives.

Mrs. Dorothy Dilcer, in charge of Newark's occupational therapy department for the past 14 years, resigned February 17. Stanley Jewell, farm manager since April 1, 1929, retired March 31, due to ill health. Fred R. Niles, head stationary engineer since 1926, resigned May 1.

Deaths among employees were: George Prutzman, attendant, March 3; Catherine Mahoney, night attendant, March 12; Kamiel C. Debbout, attendant, April 18.

Rome State School

Dr. James P. Kelleher, director, has continued to serve as a member of Selective Service Appeals Board No. 20, and has been chairman during the past six months. Dr. Ward W. Millias, assistant director, and Dr. Edward D. Dake, senior physician, have been members of Selective Service Advisory Board No. 37 during this period.

Students of sociology from Syracuse University saw a clinical demonstration of selected cases and types of mental defectives and were taken through the school to view the work and program of the institution on March 3.

Nurses from the Utica Central School of Nursing attended a demonstration clinic on the care, training and treatment of mental defectives on May 21.

Miss Inez F. Stebbins, senior social worker, died on April 2, following a short illness. Miss Stebbins entered the service of Rome State School on July 16, 1918.

Syracuse State School

The Scout director and Troop No. 31 attended the Annual Scouters' Banquet at the Hotel Syracuse on January 24.

Officers and employees subscribed $10,300 to the seventh war loan bond drive.

At the fourteenth commencement exercises, 28 girls and seven boys of the vocational departments received diplomas from Dr. E. S. Van Duyn, president of the board of visitors.

Janie Reynolds, supervising attendant, retired on January 18; Anna M. Bancroft, attendant, on February 1; Dexter B. Smith, meat cutter, on April 1; Nora Quirk, attendant, on April 1; Anna Gilligan, supervising attendant, on May 1; Elsie Gerber, assistant cook, on May 1; Louise Smith, attendant, on May 1; and Mary Campbell, supervising seamstress, on June 1; all after from 13 to 31 years of service.

Religious educational classes for the Protestant children were instituted on March 5. A generous supply of excellent materials was bought for this purpose, and the response of the children has been most gratifying.

Mrs. Mary E. Marks was appointed senior social worker on June 16.

On March 14, 143 children of the Roman Catholic faith were confirmed by Bishop Walter A. Foery, assisted by the Rt. Rev. Msgr. David F. Cunningham; the Rev. James E. Callaghan, school chaplain; the Rev. Joseph B. Toomey, director of Catholic Charities; the Rev. M. Shields Dwyer; the Rev. Martin J. Watley and the Rev. David C. Gildea, superintendent of schools.

The Easter issue of "The News," a publication of the school departments was printed in the print shop of the industrial department and distributed to inmates and employees.

Prof. M. Trayor of the department of education, Syracuse University, accompanied by 17 students, made a tour of the institution, March 17.

Four magazines have been subscribed to for each of our girls' colonies.

Wassaic State School

The tuberculosis X-ray resurvey at Wassaic State School revealed no new clinical cases among employees. The prevalence of clinically significant disease was 0.9 per cent for male pateints, 1.8 per cent for female patients, and 1.2 per cent for both groups. A total of 17 new cases of clinically significant tuberculosis was diagnosed among the 3,682 patients who were negative for tuberculosis at the time of the first survey. This was an incidence of 0.46 per cent for the 30-month interval between surveys. As far as could be ascertained, all but two of the new cases were under the age of 30.

Through the energetic efforts of a committee, $610.60 was collected for the Red Cross drive.

A Memorial Day program was given by the school with 16 veterans of World Wars I and II as guests of honor.

Ira Sedore, pumping plant operator, retired April 3.

Craig Colony

Redistribution of patients among the women's services and a change of a dayroom to a dormitory has provided sufficient bed space so that now all of the Craig Colony women patients have beds and the excessive overcrowding in the infirmary and in the disturbed buildings has been relieved.

Representatives of the Department of Mental Hygiene, Department of Public Works and the Postwar Planning Board have recommended an extensive building program which consists of replacements of the power plant, store, laundry, maintenance shops, industrial building and garage. Also recommended, were a community store, cottages for married employees and increased road lighting. Previously considered, were a new medical and surgical building and a men's infirmary. A remodeling of the present hospital to accommodate the business offices and that of the men's reception service for an occupational center were also considered. Better fire protection for some of the existing Colony buildings, by installing fire escapes and sprinkling systems, was also advocated.

CHANGES IN PERSONNEL IN THE MEDICAL SERVICE*

APPOINTMENTS

Senior Psychiatrist

Arieti, Dr. Silvano, resident psychiatrist, as senior psychiatrist (military substitute), Pilgrim State Hospital, March 16.

Bab, Dr. Walter E., resident psychiatrist, as senior psychiatrist, Rockland State Hospital, June 16.

Bandler, Dr. Morton M., resident psychiatrist, as senior psychiatrist, Harlem Valley State Hospital, March 16.

Barasch, Dr. John A., resident psychiatrist, as senior psychiatrist (for the duration), Pilgrim State Hospital, March 16.

Carlisi, Dr. Dominick J., resident psychiatrist, as senior psychiatrist (military substitute), Pilgrim State Hospital, March 16.

Chambers, Dr. Merritt G., resident psychiatrist, as senior psychiatrist (for the duration), Pilgrim State Hospital, March 16.

Kramer, Dr. Hilde C., resident psychiatrist, as senior psychiatrist (for the duration), Pilgrim State Hospital, March 16.

Moghtader, Dr. Majid, resident psychiatrist, as senior psychiatrist (for the duration), Pilgrim State Hospital, February 15.

Murray, Dr. Veronica, senior psychiatrist, Rockland State Hospital, January 2.

Pirone, Dr. Frank, senior psychiatrist (for the duration), Pilgrim State Hospital, May 1.

Silberstein, Dr. Friederich L., medical interne, as senior psychiatrist (substitute), Central Islip State Hospital, January 16.

Willner, Dr. Frederick, medical interne, as senior psychiatrist (substitute), Central Islip State Hospital, May 1.

*Titles of a number of positions were changed last May by an order retroactive to April 1, 1945. For the sake of uniformity, the official designations now in effect are used wherever possible in this report, although changes prior to April 1 were actually made under the old titles. "Duration," "temporary," etc., positions are noted whenever so reported. The old titles were variously reported; and those given here may not in all cases be exact equivalents. Note that, despite actual press time of this issue, all dates are of 1945.

Willner, Dr. Gerda P., medical interne, as senior psychiatrist (substitute), Central Islip State Hospital, April 1.

Young, Dr. Nicholas, resident psychiatrist, as senior psychiatrist (military substitute), Manhattan State Hospital, March 1.

Resident in Psychiatry

Bowers, Margaretta K., resident in psychiatry, Psychiatric Institute and Hospital, January 1.

Gross, Dr. Irma H., resident in psychiatry, Psychiatric Institute and Hospital, January 1.

Levine, Dr. Dora S., resident in psychiatry, Psychiatric Institute and Hospital, February 1.

Nix, Dr. Evelyn B., resident in psychiatry, Psychiatric Institute and Hospital, January 1.

Shainess, Dr. Natalie, resident in psychiatry, Psychiatric Institute and Hospital, January 1.

Resident Psychiatrist

Badt, Dr. Frederick, resident psychiatrist, Binghamton State Hospital, April 2.

Grinims, Dr. Henry, medical interne, as resident psychiatrist (temporary), Manhattan State Hospital, May 1.

Grover, Dr. Milton M., Jr., resident psychiatrist (on part time basis), Hudson River State Hospital, February 5.

Herland, Dr. Robert F., resident psychiatrist, Creedmoor State Hospital, March 16.

Katz, Dr. Hanna, medical interne, as resident psychiatrist, Rockland State Hospital, February 15.

Koernig, Dr. Joseph H., resident psychiatrist (for the duration), Pilgrim State Hospital, April 16.

Mann, Dr. Allan I., resident psychiatrist, Brooklyn State Hospital, March 3.

Miller, Dr. Melvyn R., medical interne, as resident psychiatrist (temporary), Manhattan State Hospital, March 1.

Schmidt, Dr. Jacob, resident psychiatrist (for the duration), Rochester State Hospital, January 6.

Schuchardt, Dr. Eva, resident psychiatrist, Kings Park State Hospital, January 1.

Shaw, Dr. William Fawcett, formerly physician at Gowanda State Homeopathic Hospital, as resident psychiatrist, Letchworth Village, January 30.

Stendorf, Dr. George E., resident psychiatrist (for the duration), Rochester State Hospital, May 1.

Wagner, Dr. Jacob S., resident psychiatrist, Creedmoor State Hospital, January 2.

Medical Interne

Cuomo, Dr. Alphonse, medical interne, Kings Park State Hospital, March 1.

Fassmann, Dr. Paul H., medical interne, Kings Park State Hospital, January 1.

Grinims, Dr. Henry, medical interne (temporary), Manhattan State Hospital, March 16.

Pons, Dr. Rene, medical interne, Gowanda State Homeopathic Hospital, February 19.

Sichell, Dr. Jane N., medical interne (military substitute), Manhattan State Hospital, May 1.

Toto, Dr. Lawrence A., medical interne, Kings Park State Hospital, January 3.

Resident Dentist

Resnick, Dr. Jack M., resident dentist, Brooklyn State Hospital, March 1.

Weishoff, Dr. Frederick B., resident dentist, Rockland State Hospital, June 6.

Zeger, Dr. Joseph, resident dentist, Brooklyn State Hospital, February 15.

PROMOTIONS

Acting Medical Inspector

Pamphilon, Dr. Walter M., from assistant director, Willard State Hospital, to acting medical inspector, May 1.

Shuffleton, Dr. Joseph H., from assistant director, Kings Park State Hospital, to acting medical inspector, May 1.

Assistant Director

Brussel, Dr. James A., from supervising psychiatrist (on military leave), Pilgrim State Hospital, to assistant director, Willard State Hospital, March 1.

Webster, Dr. W. Roberts, from supervising psychiatrist, Pilgrim State Hospital, to assistant director (substitute), Rochester State Hospital, February 1.

Supervising Psychiatrist

Chrzanowski, Dr. Gerhard, from senior psychiatrist to supervising psychiatrist (for the duration), Pilgrim State Hospital, February 15.

Harin, Dr. Nicholas, from senior psychiatrist to supervising psychiatrist (as military substitute), Pilgrim State Hospital, March 16.

Jacoby, Dr. Ralph, from senior psychiatrist to supervising psychiatrist (for the duration), Pilgrim State Hospital, February 15.

Kiss, Dr. Louis, from senior psychiatrist to supervising psychiatrist (for the duration), Pilgrim State Hospital, March 16.

Luke, Dr. Harry B., from senior psychiatrist to supervising psychiatrist (for the duration), Pilgrim State Hospital, February 15.

Parker, Dr. Ceylon M., from senior psychiatrist to supervising psychiatrist (as military substitute), Pilgrim State Hospital, March 16.

Wenger, Dr. Paul, supervising psychiatrist (for the duration), Rochester State Hospital, February 1.

TRANSFERS

Assistant Director

Kilpatrick, Dr. O. Arnold, assistant director (on military leave), Willard State Hospital, to assistant director, Rochester State Hospital, February 15.

Senior Psychiatrist

Shaw, Dr. William Fawcett, senior psychiatrist, from Gowanda State Homeopathic Hospital to Letchworth Village as military replacement, January 30.

REINSTATEMENT

Resident Psychiatrist

Lawrence, Dr. Cornelia, resident psychiatrist, Hudson River State Hospital, January 22.

Returned from Leave of Absence

Grover, Dr. Milton M., Sr., assistant director, Hudson River State Hospital, from year's service as acting medical inspector, May 1.

Returned from Leave of Absence with the Armed Services

Katz, Dr. Morris, resident dentist, Hudson River State Hospital, February 5.

Walker, Dr. William H., associate dentist, Rockland State Hospital, June 1.

On Leave of Absence

Grover, Dr. Milton M., Jr., resident psychiatrist, Hudson River State Hospital, April 16.

On Leave of Absence with the Armed Services

Guthiel, Dr. George N., supervising psychiatrist, Willard State Hospital, May 7.

Miller, Dr. Melvyn R., resident psychiatrist (temporary), Manhattan State Hospital, March 28.

Retirements

Assistant Director

Lonergan, Dr. Michael P., assistant director, Manhattan State Hospital, February 2.

Supervising Psychiatrist

Dake, Dr. Edward D., supervising psychiatrist, Rome State School, June 30.

Resignations

Assistant Director

Rossman, Dr. I. Murray, assistant director, Harlem Valley State Hospital, to enter military service, March 21.

Supervising Psychiatrist

Bickle, Dr. E. H., supervising psychiatrist, Syracuse State School, June 17.

Southerland, Dr. Robert W., supervising psychiatrist, Pilgrim State Hospital, June 30.

Wenger, Dr. Paul, supervising psychiatrist, Rochester State Hospital, March 9.

Senior Psychiatrist

Hyde, Dr. Charles R., senior psychiatrist, Brooklyn State Hospital, January 15.

Greteman, Dr. Leonora L., senior psychiatrist, Utica State Hospital, April 11.

Southerland, Dr. Robert W., supervising psychiatrist, Pilgrim State Hospital, June 30.

Resident in Psychiatry

Breckir, Nathaniel J., resident in psychiatry, Psychiatric Institute and Hospital, January 16.

Breitbart, Dr. Sara Y., resident in psychiatry, Psychiatric Institute and Hospital, June 30.

Daltroff, Dr. Wilburta, resident in psychiatry, Psychiatric Institute and Hospital, February 9.

Folmer, Dr. Edward J., resident in psychiatry, Psychiatric Institute and Hospital, June 30.

Kingma, Dr. John G., resident in psychiatry, Psychiatric Institute and Hospital, January 31.

Nix, Dr. Evelyn B., resident in psychiatry, Psychiatric Institute and Hospital, May 15.

Resident Psychiatrist

Fenichel, Dr. Murray, resident psychiatrist (at termination of nine-month residence to go into military service), Middletown State Homeopathic Hospital, June 30.

Fergus, Dr. Andrew, resident psychiatrist (to accept commission in United States Army), Binghamton State Hospital, January 6.

Goldberger, Dr. Barbara, resident psychiatrist, Creedmoor State Hospital, May 15.

Goldberger, Dr. Jacques, resident psychiatrist, Creedmoor State Hospital, May 15.

Kelleher, Dr. Dennis, resident psychiatrist, Brooklyn State Hospital, June 21.

Lewis, Dr. Shermonte L., resident psychiatrist, Creedmoor State Hospital, May 18.

Mann, Dr. Allan I., resident psychiatrist, Brooklyn State Hospital, May 10.

Mazza, Dr. Ralph Joseph, Binghamton State Hospital, July 1.

McSweeney, Dr. Jerome, resident psychiatrist, Pilgrim State Hospital, April 15.

Moghtader, Dr. Edith, resident psychiatrist, Pilgrim State Hospital, March 11.

Piana, Dr. G. E., resident psychiatrist, Pilgrim State Hospital, January 24.

Piana, Dr. Mary T., resident psychiatrist, Pilgrim State Hospital, January 24.

Weinberg, Dr. Frederick G., resident psychiatrist, Rockland State Hospital, January 15.

Medical Interne

Pons, Dr. Rene, medical interne, Gowanda State Homeopathic Hospital, May 26.

Dentist

Bush, Dr. Ralph B., dentist, Rockland State Hospital, while on military leave, March 17.

Resident Dentist

Katz, Dr. Morris, resident dentist, Hudson River State Hospital, June 6.

BIBLIOGRAPHY OF OFFICERS

STATE HOSPITALS

Brooklyn

Gold, Leonard S.: Prognostic indicators in cases treated with electric shock therapy. J. N. M. D., December, 1944.

Central Islip

Gralnick, Alexander: A seven-year survey of insulin treatment in schizophrenia. A. J. Psychiat., 101:4, 449-452, January, 1945.

Harlem Valley

Kutash, Samuel B.: Some individual correlates of institutional maladjustment. J. Clin. Psychol., VI:61-80, 1944.

Hudson River

Notkin, John Y.: A schizophrenic reaction following cessation of a chronic convulsive state. Psychiat. Quart., 19:1, 34-37, January, 1945.

Kings Park

Wolberg, Lewis R.: Psychosomatic correlations in migraine. Psychiat. Quart., 19:1, 60-70, January, 1945.

Pilgrim

Arieti, Silvano: General paresis in senility, critical review of the literature and clinics—pathologic report of six cases. Am. J. Psychiat., 101: 585-593, March, 1945.

Primitive habits and perceptual alterations in the terminal stage of schizophrenia. Arch. Neurol. and Psychiat., 53:378-384, May, 1945.

Kramer, Hilde C.: Inferiority feelings in psychotic conditions. Individ. Psychol. Bull., IV, Third Quarter, 1944-45.

Rockland

Silberman, Alice Joseph: Hopi Way. (With Thompson, Laura). Chicago University Press.

Quadfasel, Fred A., and Kinder, Elaine F.: Psychology for the Returning Serviceman. (Collaborators with Col. Joseph I. Green, secretary-editor of the Infantry Journal). Penguin publication.

PSYCHIATRIC INSTITUTE AND HOSPITAL

Alexander, S.: A new anteroposterior projection for roentgenography of the optic foramen. Am. J. Roentgenol. and Rad. Ther., 52:669-672, December, 1944.

Ferraro, A.: Vascular changes in experimental anaphylaxis of the brain. J. Neuropath. and Exper. Neurol., 4:1, January, 1945.

Recent advances and progressive trend of neuropathology in psychiatry. PSYCHIAT. QUART., 19:267-282, April, 1945.

Hoch, P. H.: A course in psychological first aid and prevention. (With Blain, Daniel, and Ryan, V. G.). Am. J. Psychiat., 101:5, March, 1945.

Landis, C.: The teacher's marks versus the student's marks. (With Cushman, J. F.): School and Society, 61:1580, 221-222, April, 1945.

The relation of national prohibition to the incidence of mental disease. (With Cushman, J. F.). Quart. J. Stud. Alc., 5:4, 527-534, March, 1945.

Lewis, N. D. C.: Review of the research work of the New York State Psychiatric Institute and Hospital for the year 1944. PSYCHIAT. QUART., 19:2, 219-241, April, 1945.

Mental hygiene in later maturity. Chapter in "Mental Disorders in Later Life." Stanford University Press. April, 1945.

Pacella, B. L.: Electroencephalographic studies in subarachnoid hemorrhage. (With Savitsky, N., and Stern, F.). Arch. Neurol. and Psychiat., March, 1945.

Sperry, Warren M.: The determination of choline via its reineckate. (With Brand, Florence C.). Fed. Proc., 4:104, March, 1945.

Waelsch, H.: A chemical method for the determination of glutamic acid. (With Prescott, B. A.). Fed. Proc., 4:108, March, 1945.

SYRACUSE PSYCHOPATHIC HOSPITAL

Fleiss, Arthur N.: Psychiatric manifestations of chronic subdural hematomas. PSYCHIAT. QUART., 19:2, 187-194, April, 1945.

STATE INSTITUTIONS

LETCHWORTH VILLAGE

Abel, Theodora M.: Responses of negro and white morons to the thematic apperception test. Am. J. Ment. Def., 49:4, 1945.

Letchworth Village. Psi Chi News Letter, May, 1945.

Gardner, L. Pearl: Learning experiments with low grade aments. Am. J. Ment. Def., 49:4, 1945.

Martz, Eugene W.: Phenomenal spurt of mental development in a young child. PSYCHIAT. QUART., 19:1, 52-59, January, 1945.

Needham, Norma: A comparative study of the performance of feeble-minded subjects on the Goodenough drawing, the Goldstein-Scheerer cube test and the Stanford-Binet. Am. J. Ment. Def., 49:2, 155-161, October, 1944.

Watts, G. W. T.: Treatment and control of epidermophytosis and bromidrosis in a State school with cadmium chloride-aerosol solution. J. Lab. Clin. Med., 29:7, 692-694, July, 1944.

ADDRESSES, LECTURES AND SPECIAL EDUCATIONAL ACTIVITIES

STATE HOSPITALS

Binghamton

Gregory, Hugh S.: Meeting the neuropsychiatric needs of returning veterans. Address to Binghamton Kiwanis Club, January 18.

Service that can be rendered by young adults to the returning veterans. Address to New York State Community Service Council, Norwich, April 8.

Schutzer, Ulysses: Personal adjustment. Address to business girls' group, Binghamton, Y. W. C. A., February 13.

Psychological problems of the returning veterans. Address to Kiwanis Club, Johnson City, May 15.

Hurdum, Herman M.: Electric shock treatment. Address to Binghamton Monarch Club, January 26.

Rehabilitation of war veterans from a psychiatric viewpoint. Talk before Industrial Nurses' Association, March.

Brooklyn

Bellinger, Clarence H.: Address to teachers taking an alertness course in mental hygiene, sponsored by the Department of Health, January 6.

Mental illness, its causes and treatment. Address to Men's Club, Emanuel Evangelical Reformed Church, Woodhaven, April 30.

Insanity and the law. Lecture to third-year students at Long Island College of Medicine, May 16.

Problems of the ex-service men. Talk to business and professional men and women at the Y. M. C. A., William Sloane House, June 15.

Beckenstein, Nathan: Problems of senile and arteriosclerotic psychoses. Paper (in collaboration with Gold, Leonard S.), read before New York Society for Clinical Psychiatry, at Brooklyn State Hospital, February 8.

Terrence, Christopher F.: Lecture and clinical demonstration to students from Long Island University, March 23.

Eros, Gedeon: Changes in the vascular pattern of the brain in acute catatonic excitement. Report on two cases. Paper read before New York Society for Clinical Psychiatry at hospital, February 8.

Bianchi, John A.: Comparative results of electric shock and metrazol treatment of dementia præcox. Paper (in collaboration with Chiarello, Carmelo J.), read before Brooklyn Neurological Society at hospital, May 22.

Chiarello, Carmelo J.: Comparative results of electric shock and metrazol treatment of dementia præcox. Paper (in collaboration with Bianchi, John A.), read before Brooklyn Neurological Society at hospital, May 22.

Tamarin, Sidney L.: Lectures and clinical demonstration to students in abnormal psychology from Brooklyn College, January 13; students from Teachers' College, Columbia University, February 24; students from Manual Training High School, March 24.

Gold, Leonard S.: Problems of senile and arteriosclerotic psychoses. Paper (in collaboration with Beckenstein, Nathan), read before New York Society for Clinical Psychiatry, at hospital, February 8.

Mental illnesses of the adolescent. Talk to high school teachers and guidance counselors from Boys' High School, March 24.

Korman, Samuel H.: Lectures and clinical demonstrations to students from Long Island University, April 27; students from Abraham Lincoln High School, June 23.

DeRosis, Louis E.: A psychosomatic study dealing with the incidence of coronary disease in mental patients. Paper read before Brooklyn Neurological Society, at hospital, May 22.

Bottino, Antonio: Lecture and clinical demonstration to psychology students from Brooklyn College, April 14.

Unwin, Florance R.: Course in home nursing to group of lay persons, at Brooklyn College, from January 8 to May 14.

Buffalo

Levin, H. L.: Modes of admission to New York State hospitals. Before State Board of Health Nurses, Buffalo, January 11.

Wartime marriages. Before Temple Beth Zion Sisterhood, Buffalo, February 20.

Emotional problems of war to peace conversion. Talk to Akiba group, State Teachers' College, Buffalo, March 26.

Civilian education for demobilization. Panel discussion series, Y. W. C. A., Buffalo, February 27, March 13, 27 and April 30.

Accentuating positive personality factors. To Jewish Fresh Air Camp Counselors, Buffalo, June 6.

Stell, B. S.: The psychiatrist and the child guidance program. To Parent-Teachers' Council, Women Teachers' Club and Association for Childhood Education, Jamestown, February 28.

The veteran and the problem of psychiatric assistance. Before Buffalo North Jefferson Library Discussion Group, May 28.

Pratt, Theresa F.: Talk on occupational therapy and tour of hospital. To home economics group and art students, State Teachers' College, Buffalo, February 16 and March 1, State Teachers' College, Fredonia, May 8.

Occupational therapy in mental hospitals. To psychology classes and senior class, State Teachers' College, Buffalo, March 20 and May 3.

Kieta, Joseph: Recreational therapy. To Western New York Physiotherapists' Association, Buffalo, June 16.

CENTRAL ISLIP

McLaughlin, Dorothy D.: The Nurse Draft Act and the recruitment of nurses for the armed forces. Talk and discussion before public health nurses of Suffolk County, Patchogue, March 13.

The functions of the nursing council. Address to personnel of New York War Fund Organization, New York City, April 17.

CREEDMOOR

LaBurt, H. A.: Psychological aspects of returning military personnel. Lecture to Men's Club of St. Matthew's Episcopal Church, Woodhaven, February 5.

Bennett, Jesse L.: Factors in mental health. Address at Good Citizenship League Hall, Flushing, March 13.

GOWANDA

Mudge, Erwin H.: Psychiatry in wartime. Before Zonta Club of Dunkirk-Fredonia, April 12.

Bohn, Ralph W.: The psychiatric front. Address to Women's College Club, Olean, March 19.

Duties of health officers toward the mentally ill. Lecture to local health officers at hospital, May 23.

HARLEM VALLEY

Kutash, Samuel B.: A comparative study of institutionally adjusted and maladjusted defective delinquents. Address before annual conference of Eastern Psychological Association, City College, New York, April 6.

HUDSON RIVER

Grover, Milton M.: Talk on mental illness and demonstration of patients. To students of Central School, District No. 1, Red Hook, May 21.

Notkin, John Y.: Instruction in clinical neurology. At New York Post-Graduate Medical School, Columbia University.

Lewis, C. Vaughan: Presentation of various cases of mental illness. To sociology class, Vassar College, Poughkeepsie, April 25.

Lafleur, Albert: Convulsive disorders. To group of students, Vassar College, Poughkeepsie, April 3.

MANHATTAN

Travis, John H., Stein, Nobe E., and Harlow, R. Ralph: Demonstration and discussion of psychiatric cases to second year Cornell medical students every week from January 5 to March 23.

Travis, John H., and Wolfson, Isaac N.: Lecture and clinical demonstration of psychiatric cases to students of New York Medical College (Flower) every week from January 8 to April 16.

Davidson, Gerson M.: Lectures and clinical demonstrations to students of the School of Social Work, Fordham University, weekly from January 2 to May 15.

Course in neuropsychiatric case work for students of Hunter College from January 5 to May 31.

Bloomfield, Maxwell I.: Lecture and clinical demonstration to students from City College department of abnormal psychology, May 10.

Daniel, Bruno: Demonstration of "shock" unit to students from Hunter College, January 10.

Demonstration of "shock" treatment to students from Fordham University, April 27.

Feldman, Harry: Lecture and clinical demonstration to students from Queens College, Queens, January 5.

Lecture and demonstration to 40 students from Long Island College department of abnormal psychology, March 7, April 9 and May 11.

MARCY

Bower, George C.: Tour of hospital, laboratory and insulin and "shock" Treatment units for students of social pathology from Syracuse University, April 3.

Conducted visits to laboratory and electric "shock" unit of euthenic students from Syracuse University, May 2.

Harter, Harry M.: Lecture and demonstration of insulin "shock" therapy for Prof. Nordberg and students of abnormal psychology from Hartwick College, Oneonta, April 26.

MIDDLETOWN

Schmitz, Walter A.: The San Francisco conference and problems of world peace. Address to annual meeting, League of Women Voters, Middletown, May 16.

PILGRIM

Worthing, Harry J.: Mental illness—why should we be interested? One of series of medical lectures sponsored by staff of Huntington Hospital, January 18.

The treatment of the mentally ill. Address to Sayville Rotary Club, March 1.

Southerland, Robert W.: The psychiatrist looks at a boy. Address at Stony Brook School, March 10.

ROCHESTER

Slaght, Kenneth K.: The psychopathic child in the classroom. At Gannett House, Rochester Teachers' Union, March 7.

Neuropsychiatric veteran—the problems of rehabilitation. At University of Rochester Extension School, March 28.

The returning veteran—what can social work contribute to meeting his problems? National Conference of Social Work, Seneca Hotel, Rochester.

Pollack, Benjamin: Psychiatric lectures and demonstrations to senior medical students of University of Rochester, February 21 to March 14.

Various considerations of psychiatric disorders and mental hygiene in the community. To sociology class of Chesbrough Seminary (Russell Junior College), April 24.

The problem of emotional adjustment. To senior sociology class of State Teachers' College, Brockport, May 9.

The masquerade of life. To Genesee Valley Nurses' League of Education, May 22.

Community resources and facilities of State hospitals. To Rochester Jewish Physicians' Society, May 23.

The sociological significance of mental disorders. To sociology class of Edison Technical High School, May 29.

Libertson, William: Problems of the returning veteran. To Genesee Valley Nurses' Association, April 3.

The State hospital and its relation to the community. To Rochester Jewish Physicians' Society, May 23.

Feldman, Harold: The neurotic child. To Rochester Teachers' Union, February 28.

Community resources and facilities of State hospitals. To Rochester Jewish Physicians' Society, May 23.

The enemies of personality. Lecture in course in practical psychology, Asbury Methodist Church House, March 4.

The care of the mentally ill in the home. To Western Division of Practical Nurses of New York State, Inc., June 5.

Reynolds, Wellington W.: What is personality? Personality development. Our attitudes and ourselves. Achieving emotional maturity. Four lectures in a course in practical psychology, Asbury Methodist Church House, February 18 and 25; March 11 and 18.

Electric shock. Talk to medical students of University of Rochester, May 4.

ROCKLAND

Carp, Louis: Surgery in the aged. Radio address over Station WNYC, March 8.

Miller, Joseph S. A.: Psychology of adolescence. Before the Federal Council for Delinquent Youth, Pearl River High School, January 4.

Parent behavior problems. Before parent-teacher association, Pearl River, January 9.

Mental health in mental hospitals. Before men's organization of Grace Episcopal Church, Nyack, February 13.

Medical and psychological aspects of compulsory military training for youth. Participation in forum, parent-teacher association of Nauraushaun, March 6.

Introduction to psychoanalysis. Before the Nurses' Club of Rockland State Hospital, March 7.

Historical notes on the nature of mental disease. Before the Republican Club of Nyack, March 20.

Demonstration of special treatment and convalescent status in psychiatric patients. Lecture to students of abnormal psychology of Long Island University, at Rockland State Hospital, April 17.

Organization and activities of the children's group. Lecture to members of sociological and child psychology class of Teachers' College, Columbia University, April 30.

Handzel, Valerie: Emotional disturbances in school children due to family problems. Before Pearl River parent-teacher association, December 12, 1944.

Emotional disturbance in the growing child. Before Valley Cottage parent-teacher association, January 8.

Mechanisms underlying the disturbances in children seen at child guidance clinics. To teachers of Nyack High School, March 14.

Kinder, Elaine: Relationship between speech and emotional disturbance as illustrated by cases of children with behavior disorders. Before the New York League for Speech Improvement, Columbia University, New York City, February 3.

Report of a comparative and normative study of the development of postural behavior in the infant chimpanzee using the Gesell developmental schedule. Joint report by Capt. Austin Riesen of the United States Army and Dr. Kinder, presented at meeting of Eastern Psychological Association, College of the City of New York, April 6.

UTICA

Helmer, Ross D.: Abnormal personalities. Address to parent-teacher association, Richfield Springs, April 23.

Kranz, Lena A.: Nursing service in hospitals in wartime. Paper presented at a meeting of Council of Social Agencies of Utica and Vicinity, Inc., at Utica Y. M. C. A., March 26.

The profession of nursing and the need for nurses. Address to high school students at open house at Utica State Hospital, April 4.

Clark, Catherine: Increase in therapeutic family care placements. Paper presented at Interhospital Conference, Syracuse, May 1.

March, Elsie: Caring for the mentally ill. Address to parent-teacher association, McCleary Street School, Amsterdam, May 1.

WILLARD

Keill, Kenneth: Selfishness as a factor in mental disorder. Address to men's club of Methodist Church, Ovid, April 5.

Opportunities in New York State hospital service. Address to sophomore class of Keuka College, April 16.

Vallee, Clarence A.: Clinics for nurses of Auburn City Hospital, April 12; for Keuka College students, April 19 and 26; for Wells College students, April 16.

Raffaele, Angelo J.: Clinics for nurses of Auburn City Hospital, April 12; for Keuka College students, April 19 and 26; for Wells College students, April 16.

Bloom, Ruth S.: Informal talk before Citizens' Health Committee, Interlaken, March 26.

Alexander, S.: Optic foramen: Study and evaluation of an antero-posterior projection. Read at the First Annual Technical Conference of the X-ray Technological Association of New York, St. Vincent's Hospital, June 3.

Ferraro, A.: Recent advances in psychiatry. Read at the clinical meeting of the Parkway Hospital, New York City, April 27.

Ocular changes in experimental amino acid (tryptophane) deficiency. (With Roizin, L.). Read before New York Society of Clinical Ophthalmology, Academy of Medicine, May 7.

Hinsie, L. E.: Twelve lectures on psychosomatic medicine. At School of Tropical Medicine, San Juan, Puerto Rico, February 20 to March 2.

Hoch, P. H.: The present status of narco-diagnosis and therapy. Read before Connecticut Society of Neurology and Psychiatry, New Haven, January 31.

Cardiovascular syndrome with depression treated with electric shock. Read before New York Society for Clinical Psychiatry, April 12.

The present status of narco-therapy. Read before Interhospital Conference, Psychiatric Institute, April 24.

Discussion of somatic treatments in psychiatry. At American Psychopathological Association meeting, April 26.

Narco-therapy. Before American Society for Research in Psychosomatic problems, New York, May 11.

Lewis, N. D. C.: Shock therapy. Evidences for and against damage. At Hartford Retreat, February 13.

Shock therapy of psychoses. Evidences for and against damage. At Academy of Medicine, February 16.

Three lectures at Teachers' College on psychiatry in relation to nursing, February 9, May 11, May 18.

MacKinnon, I. H.: Eight lectures at Teachers' College on psychiatry in relation to nursing, February 16 and 23, March 2, 16 and 23, April 6, 13 and 27.

Pacella, B. L.: Course in child psychiatry. For Presbyterian Hospital nurses and affiliates from Skidmore College School of Nursing.

Postgraduate lectures in electroencephalography at New York Post-Graduate Medical School and Hospital, March and April, 1945.

Studies of flying personnel (army air corps)with operational fatigue. (With Balser, Maj. B. H.). Paper presented at combined meeting of New York Neurological Society and Section of Neurology and Psychiatry of New York Academy of Medicine, January 9.

The question of brain damage in various forms of shock therapy. Paper read at Interhospital Conference at Institute, April 23.

Barbiturate-withdrawal and alcoholic-withdrawal convulsions. Paper read at Interhospital Conference at Institute, April 24.

PSYCHIATRIC INSTITUTE AND HOSPITAL

Polatin, P.: Abnormal psychology. Lecture and clinical demonstrations to students of Long Island University, Columbia University and Yeshiva College at Institute, January 9.

Panel discussion on the use of "shock" therapy in the treatment of children and adults. New York District Branch of American Association of Psychiatric Social Workers, Russell Sage Building, New York, February 8.

Individual adjustment to reality. Lecture to Wender Welfare League, New York, March 17.

Psychiatry. Lecture to Premedical Society, Columbia University, April 20.

Problems of the adolescent. Talk before interhospital group of social workers at Institute, April 24.

Round table discussion of psychosomatics; gastro-intestinal tract. Before Medical Group, New York, April 30.

Clinic in abnormal psychology for psychological clubs of Columbia University and Adelphi College at Institute, May 17.

Differential diagnosis of early schizophrenia. (With Hoch, P. H.). Paper read at Interhospital Conference at Institute, April 23.

Sperry, W. M.: Biochemical research in relation to psychiatry. Read before New York Psychiatric Society, March 7.

Stern, M. M.: Case demonstration: psychosomatic problems; persistent vomiting in an adult male. Read before New York Society for Clinical Psychiatry at Institute, April 12.

Waelsch, H.: Biochemical aspects of glutamic acid therapy in epilepsy. Read before the Interhospital Conference at Institute, April 23.

Brain chemistry. Two lectures before biochemistry seminar, College of the City of New York, May 1 and 4.

SYRACUSE PSYCHOPATHIC HOSPITAL

Steckel, Harry A.: Psychosomatic problems. Paper read at Interhospital Conference, Syracuse Psychopathic Hospital, April 30.

Psychiatric implications of internal medicine. Before joint meeting of Onondaga County Medical Society and Syracuse Academy of Medicine, May 15.

The mental hygiene movement. Before Psychiatric Nursing Institute at Willard State Hospital, June 14.

Fleiss, Arthur N.: Psychiatric manifestations of subdural hematoma. Before Hutchings Psychiatric (Undergraduate) Society, February 6.

Chairman of round table clinical pathologic conference at Syracuse University College of Medicine, presenting a case of acute encephalitis and participating in diagnosis and discussion, April 13.

Some notes on penicillin in general paresis. Before joint meeting of Onondaga Medical Society and Syracuse Academy of Medicine, May 15.

Tic douloureux. Talk before medical student group, Syracuse Memorial Hospital, May 17.

Noetzel, Elinor S.: Report on work of ethics committee of American Association of Social Workers, chapter meeting, Syracuse, March 20.

Selection of a patient for social treatment. Read at conference for social workers serving up-State New York institutions, Syracuse, April 30.

STATE INSTITUTIONS

Letchworth Village

Abel, Theodora M.: The slow learner in the vocational high school. Participant in panel discussion at the Manhattan High School for Women's Garment Trades, New York City, February 9.

Newark State School

Cohen, Jacob: Address to graduating class in domestic arts at school, February 13.

Lecture and clinical demonstration to cadet nurses' class in psychology and sociology from Keuka College, May 31.

Derby, Irving M.: The pathological laboratory. Talk to students from Keuka College, February 24.

The nervous system. Talk to the local branch of Alcoholics Anonymous, March 16.

Eight pathological lectures to student cadet nurses of the Canandaigua and Geneva hospitals during the first six months of 1945.

Wayne County plasma bank. Talk to master wardens of Masonic lodges, Clyde, May 23.

Syracuse State School

Glasser, F. B.: Mental deficiency. Clinical lecture and demonstration to nurses from Memorial Hospital, February 16 and 19; to 40 students from Syracuse University, April 12; to student nurses of pediatrics class of Memorial Hospital, May 8; to staff nurses and affiliating students of the Visiting Nurses' Association on June 4.

Bisgrove, S. W.: Mental deficiency. Clinical lecture and demonstration to students in psychology and sociology from Syracuse University, with a tour of academic and vocational classrooms and demonstration by the pupils in uses of the telephone.

Wassaic State School

Depner, Rudolph J.: Clinical demonstration with lecture on mental deficiency. To Harlem Valley State Hospital nurses and affiliates, February 7 and May 22.

Wearne, Raymond G.: He stood there, an upright man and Mason. Talk before Dover Plains Masonic Lodge, April 19.

Craig Colony

Veeder, Willard H.: Address on mental disease before supper club of the Presbyterian Church, Mt. Morris.

EDITORIAL COMMENT

A SURPLUS WE COULD USE

If the United States Government only had, in its military surplus disposal program, a surplus of first class American infantry morale—Third Army "Blood and Guts" brand preferred—the New York State Department of Mental Hygiene might make good use of a large quantity. So might a goodly number of comparable organizations. Ever since the just-concluded war began to deplete staffs and employees, civilian hospital morale has generally been nothing about which to boast; and mental hospital morale, particularly in the state-maintained services, has sometimes been so notably low, even among institutions in general, that it would have alarmed a frigotherapist.

That the army itself has failed to make good use of its own surplus—unprecedentedly high as Germany crashed to ruins and the great bastion of Okinawa fell—has, of course, become painfully obvious with the disintegration of Pacific and European forces alike, to the revival of World War I's post-armistice wail, "I wanna go home." Fighting morale needs expert and methodical reconversion—a psychological process equivalent to the mechanical and economic processes involved in reconverting our war industries to peacetime needs—if it is to become the sort of morale needed by occupying forces guarding and re-educating Germany and Japan in peacetime. That the army's experts on the reconversion of morale were caught as unprepared for the peace as Pearl Harbor was for the war, seems plain enough; that strenuous, if belated, efforts to correct the situation are now under way, we have no doubt; and in all fairness we should remember that something similar happened after the armistice in World War I. Yet the actual debacle, with discontent, grumbling, impaired discipline and efficiency, demonstrations and disorder, seems to resemble rather closely numerous drops in wartime morale in such essential but unglamorous and overworked civilian occupations as ours.

Such low institutional morale may alarm because what we call high morale is an essential of any good organization. High morale in an organization can be defined pretentiously and wordily as a collective mental attitude in which good interpersonal adjustments have been achieved for a common purpose on a basis of well-integrated and well-organized personality factors, many of which are unconscious. Or its functions may be indicated more satisfactorily in nonscientific terms by noting its results in

esprit de corps, cooperation, devotion, inspiration, courage, *élan*, team-work, or (sophomorically) college spirit. It is certain that one of the most significant of the outward signs of high morale is the existence of a phenomenon best expressed in sport terms—consistent, purposeful, effective teamwork.

The present remarks on Department of Mental Hygiene morale are mere clinical impressions, based solely on bedside observation. We are not advancing a single statistic—although plenty might be adduced from a study of institutional personnel turnover—and we do not propose to cite detailed case histories. We believe most of our readers are already as well aware of the situation as we are and that they are possessed of as much insight into it, for fatigue, apathy, discontent and discouragement can be as self-evident as the famous truths recited in the Declaration of Independence.

Many of the matters leading to the unhappy state of affairs we now observe are due to the war and will correct themselves when the final effects of peace in the Pacific are fully realized. Others have already received the vigorous attention of the Department administration in Albany. For example, the appointments several months ago of experienced, professional directors of nutrition and of personnel for the Department promise to improve the food of both patients and employees and to ease some of the current problems of employment and working conditions. Better housing is in prospect through postwar construction plans; and progress now appears to be being made toward a more satisfactory permanent salary structure, after much initial discontent when the Feld-Hamilton Law was first extended to cover the Department's institutions. These steps and others will contribute greatly toward improved morale by removing some of the causes of part and present low morale.

But we submit here that something more positive and more dynamic than mere removal of causes of discontent is both desirable and practical; and we further submit that psychiatry is in a peculiarly advantageous position to take this more positive action. Certainly psychiatrists, and military psychiatrists in particular, are supposed to know something about morale. One need not enter here into the question of precisely what contributions were made to high American military morale in World War II by the playing fields of South Boston and Brooklyn, by the progressive education movement, by rage at treacherous and sadistic enemies, by the emergence of a number of men with the quality of "natural leadership" (which is less common than is generally supposed), by good weapons and equipment, by the astounding success of our general strategic and logistic planning, or by the deliberate application of the principles advanced by our psychologists, psychiatrists, mental hygienists and military specialists in the art

of leading men. For their part, the psychiatrists at least made some contribution; their standing as specialists on mental conditioning was recognized; their advice was solicited, and much of it was applied. And in their professional capacities in the field, army and navy psychiatrists had extremely practical experience with improving impaired morale—if mental derangement under war stress can be considered a morale breakdown—and there appears to be some resemblance.

What we suggest here is that ours and comparable organizations could profit by basing a dynamic morale program on the military experience of our specialists in the services, many of whom have already returned to us. We are not proposing any adolescent schedule of luncheon club speeches, artificial good fellowship, rallies or pep talks. But we do suggest that a centrally directed plan be worked out, with a representative in each institution to initiate or encourage any activity which may improve morale, to keep in touch with the workings of such measures as the Department already has under way, and to take note for departmental consideration of any conditions impairing morale or threatening to impair it. There are many possible variations in the development of such a project; and the establishing of personnel direction as an important central function of the Department suggests that some such idea as this is feasible. Certainly we should not care, without the aid of some similar stimulus, to depend on institutional morale for the defense of a Stalingrad, the crossing of a Rhine, the conquest of an Okinowa, or even the winning of a good, brisk game of tiddle-dy-winks.

For the morale one needs even for a champion tiddle-dy-wink team, good leadership is a primary essential, in ward, in institution and in Albany. A modern morale program should and could include far more active measures than we now have for the systematic encouragement of such qualities of leadership as initiative, self-reliance and willingness to assume responsibility, whether as attendant in charge of a farm gang or as director in charge of a hospital. And we suggest as another primary consideration in the problem of good morale that we cannot do our best for our patients or achieve the best relationships among ourselves without good personal and professional standing in society at large and without respect for ourselves and for our fellow-workers. Such harsh misconceptions as that the State-employed psychiatrist is an eccentric, ambitionless incompetent who could never succeed in private medical practice and that the trained attendant is an ignorant and brutal "asylum guard" are not unknown slanders among both members of the public at large and physicians in private practice. All workers in dynamic psychology are aware of how the views of others affect us—specifically in this case in encouraging paranoid trends

among our patients, inspiring unjustified distrust of competent medical staffs among employees, creating sometimes unnecessary despair among psychiatrists over the shortcomings of basically satisfactory men and women who work on the wards, and even causing some of us at times to wonder if our worst critics are not right in the views they express about ourselves.

Cooperating with the National Committee for Mental Hygiene, our State psychiatrists have done much to increase public tolerance, understanding and sympathy for the mental patient and to counter prejudices which were harming him. If we are to do our best work, we may need a similar job in the way of public relations done for ourselves. There is much in the present plans of the Department to increase the physician's faith in himself and his hope for the future; additional research facilities, new postgraduate courses, expanded lecture programs and enlarged opportunities to specialize should go far toward improving the psychiatrist's self-confidence as a scientist who has made an intelligent choice of a worthwhile specialty. With manpower again becoming available, and with the cooperation of the Department of Civil Service—which can reasonably be expected—methods should be devised to recruit more attendants of the type we consider ideal, the man or woman of balanced personality, great tolerance and deep sympathy. Such an attendant need not be an Einstein, a Roosevelt, a Shakespeare or a Churchill, but he must excell in the kindliness and understanding which represent the best in humanity; and we can and must let him know that the possession of those character traits is both appreciated and valued.

It should be noted here in passing that, although we cannot discuss it here, we are not at all unmindful of the importance of improving the patient's morale—which is, of course, the business of psychotherapy—and thus improving the patient. It is, in fact, the primary objective toward which the secondary aim of improving staff and employee morale is directed.

Toward this attainment of better care for the patient, we believe that the foregoing observations—concerning the importance of morale of physician and attendant—apply to some degree to all workers in any department such as ours, from nonstatutory employee to Commissioner. That is, we are all engaged in some sort—as a result of accident, aptitude, interest or capability in each individual case—in an important and worthwhile activity, the effort to care for and to bring health and hope to the mentally distressed, some of the world's most piteous beings. From medical specialist to attendant, we have a right to be proud of this work, of our individual parts in it, and of our possession of the qualifications to engage in it. When

there is better realization of this, that fact will doubtless be reflected in more contented chronic patients; in greater numbers of improved patients among those who are not chronic; in smarter, smoother-running institutions It will be reflected in a greater sense of responsibility toward our institutions, our Department and each other. We may find, when that day comes, that outsiders familiar with the situation may be moved to comment on our good team-work; and at that point we may be permitted some satisfaction over the state of our morale. One doubts if the informed citizen on the outside would be greatly impressed by our team-work at present. War difficulties added to prewar inertia and now followed by postwar letdown seem to have brought about a situation in which there has been a notable lack, on the part of institution personnel of all categories, of any great desire to go out and do or die for good old D. M. H.

BOOK REVIEWS

Ourselves Unborn. An Embryologist's Essay on Man. By GEORGE W. CORNER. 188 pages. Cloth. Yale University Press. New Haven. 1944. Price $3.00.

This book is elaborated from a series of the Terry lectures delivered at Yale University. The author is well known as director of the department of embryology of the Carnegie Institution and professor of embryology in the Johns Hopkins Medical School.

In this small volume are brought together all the facts and information available at this date regarding mammalian embryology and particularly that of *homo sapiens*. Dr. Corner's literary style induces the reader to pursue to the end a topic which to many persons not geneticists would be considered too technical to be of general interest. Not so with Dr. Corner's work. He has the faculty of presenting the results of tedious laboratory experiments in brief space and with all the human interest elements retained.

The lectures, having been originally prepared for delivery before a mixed audience, it was assumed that the individuals would have no previous knowledge of biology. They were therefore planned with the view of presenting the whole subject in a manner understandable for the educated listener and reader. There are many references to mammals in general, especially to those commonly employed in laboratory investigations; and there is particular stress in this work on the embryology of the swine, because in the pig the mode of placentation is relatively simple. The author explains the observations of the French embryologist L. Cuénot as amplified by Castle and Little with reference to the yellow mouse. He concludes that the difficulty found in breeding mice with yellow coats is a lethal gene which seems to be particularly associated with the yellow color in mice and which brings about the death *in utero* of more embryos destined to have yellow coats than of those destined to be white. From experimentation with mice, as well as fruit flies and other animals, it was found that there are genes which under certain conditions prove to be detrimental rather than lethal, and the author points out that these various harmful factors may take effect at any stage of life.

One is reminded of the disease dystrophia myotonica where, in some members of an affected family, it appears full blown, while in others only one symptom can be detected, as early-appearing cataract. The hypothesis

of lethal and detrimental hereditary factors in mammals is disputed by some well-known geneticists and the discussion on this topic, beginning on page 100, is an interesting feature of the book.

We are indebted to Dr. Corner for making available this "Embryologist's Essay on Man." It is a book which would appeal to everyone interested in science and in particular to those interested in biology.

Foster Home Care for Mental Patients. By HESTER B. CRUTCHER, Director of Social Work, State of New York, Department of Mental Hygiene. 199 pages. Cloth. The Commonwealth Fund. New York. 1944. Price $2.00.

Until the publication of Miss Crutcher's book, "Foster Home Care for Mental Patients," Dr. Pollock's "Family Care of Mental Patients" is believed to have been the only one on this timely and important subject written in the English language. Family care has been in the formative stage in the United States, and there has been serious need for authoritative material on the subject. Miss Crutcher is the logical person to have undertaken this project because of her many years of experience with the mentally ill in this country, and her opportunity to observe and study the foster-care systems in Europe. As director of social work of the New York State Department of Mental Hygiene, Miss Crutcher has done much to sponsor and encourage the development of family care in New York, has made frequent visits to homes all over the State, made special studies and written numerous monographs, which have been a great help and source of encouragement to the social workers and psychiatrists dealing with family care.

It has been shown that there are many mental patients who, although not well enough to return to their original homes, can live comfortably in carefully-selected foster homes under the supervision of the mental institution.

From the financial point of view, foster-home care has proved to be a saving. The usual cost of $7 or $8 a week in a family-care home is much cheaper than the per capita cost of care in an institution, even when the cost of supervision by a social worker or psychiatrist is considered. In many cases, after it has been demonstrated that a patient can live outside the hospital, arrangements can be made for the support to be assumed by other public agencies than the hospital system—such as the bureau of old-age assistance. In a surprisingly large percentage of cases, the patient improves enough to return to his family or obtain employment so that he can be self-sustaining. Further, the transfer of patients to family care leaves space in the institution available for the more acute cases.

"Foster Home Care for Mental Patients" is a carefully-planned, well-organized book, explaining family care for the mentally ill and mental defectives, giving the background, purpose, methods and results of this form of care and treatment. The subject matter is presented in a practical, interesting manner, making the book readable as well as instructive. For the layman, it not only explains family care as a method of caring for State hospital and State school patients, and as a form of therapy, but also indirectly interprets mental illness and proves that many psychotic persons can live harmlessly, comfortably and often gainfully in a carefully-selected home under the supervision of the social worker and the psychiatrist of a State hospital or State school.

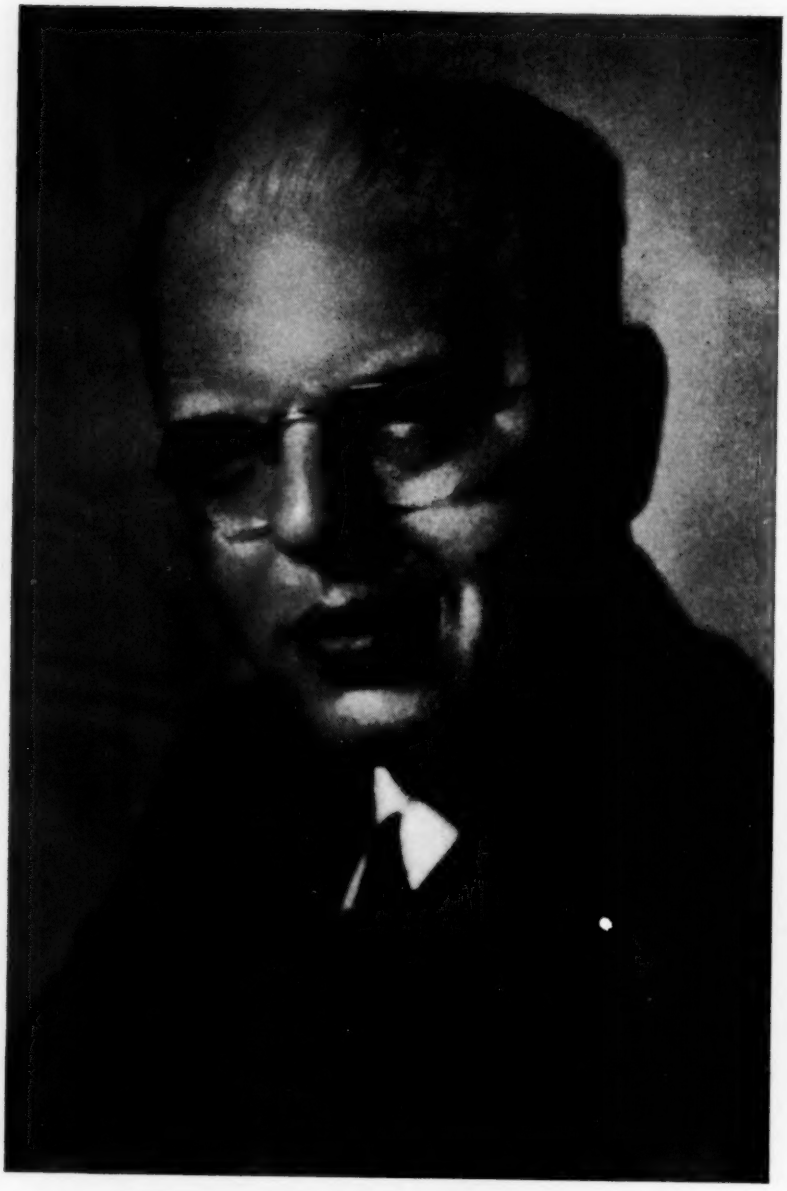
For the social worker who is dealing with family care, this book is invaluable. In it, one finds suggestions regarding choice of patients, choice of homes, administrative procedures and the preparation of the community to receive mental patients. The author suggests that the latter be done by first interesting a well-known and respected family as the first family-care home in a community and gaining the interest of the local physician and clergyman.

Miss Crutcher's book reflects her human interest in people and her understanding of their needs, desires and strivings. She has chosen appealing and sometimes humorous incidents, convincing the reader of the challenge family care offers in the promise of rewards in terms of human values. For example, she tells of a woman who had been in a State hospital for many years, out of touch with the ever-changing styles. She had never owned any silk stockings and had always longed for a pair. When she was comfortably situated in a family-care home, she used her first spending money to buy a pair at Woolworth's, at 20 cents a leg.

Miss Crutcher's selection of case histories and her presentation of them is most interesting and educational. These histories not only give a cross-section view of the type of persons who can be placed in family care, but are in enough detail to illustrate the actual case work process, some of the many problems which come up and how they are met. She cites the case of Charles who, in a very difficult home environment, had developed jerky movements and involuntary grunting noises; how he was helped to live in a normal home and become rehabilitated enough to obtain satisfactory employment, even though his unfortunate symptoms did not entirely subside.

The historical background material and the description of foster care in other countries—Germany, Scotland and Canada—as well as in the United States, give a perspective which, like the entire book, is enlightening to the layman and broadening to the social worker.

"Foster Home Care for Mental Patients" is a must for any one interested in the mentally ill or mentally deficient.



WALTER M. PAMPHILON, M. D.

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Walter M. Pamphilon, M. D., assistant director of Willard State Hospital and acting medical inspector, was appointed assistant commissioner of the New York State Department of Mental Hygiene by Commissioner Frederick MacCurdy, M. D., on August 16, 1945. Dr. Pamphilon entered the State hospital service 22 years ago and, with the exception of a year with the Veterans' Bureau, has been there ever since. His special interest has been legal medicine.

Born June 12, 1897, at Toronto, he was educated in the public schools and at Jarvis Collegiate Institute of that city and was a student at the University of Toronto, Faculty of Medicine, when he enlisted in the British navy as a surgeon sublieutenant, R. N. V. R., in 1918, serving with the Dover Patrol and the Grand Fleet, and taking a course at the Royal Naval Hospital, Haslar, England. He has the British General Service Medal and the Victory Medal.

After returning to medical school in 1919, he was graduated in 1922 and then served a rotating interneship of a year at Buffalo City Hospital. Dr. Pamphilon joined the State service at Buffalo State Hospital on July 7, 1923, and had been promoted to senior assistant physician when he resigned in November, 1928, to serve as neuropsychiatrist with the Buffalo Regional Office, United States' Veterans' Bureau. Reinstated at Buffalo State Hospital on November 1, 1929, he was transferred to Manhattan State Hospital one year later, and he remained there until he was promoted to first assistant physician and transferred to Willard on January 1, 1933. He was on leave from that post as acting medical inspector when named assistant commissioner.

Dr. Pamphilon was married to Marguerite E. McGovern of Buffalo on October 16, 1929; and they have one son. The new assistant commissioner enjoys reading extensively and besides his special interest in the technical literature of legal medicine has made something of a hobby of reading history and biography. In sports, he is a 10-pin bowler and enthusiastic about the game.

The assistant commissioner's professional society activities include: membership in the American Psychiatric Association, New York State Medical Society and Seneca County Medical Society, of which he was president in 1944. He served on the Seneca County War Council and was in charge of the county's emergency medical services during World War II.

NEWS AND COMMENT

NEW CONTENT AND ARRANGEMENT FOR THE SUPPLEMENT

This is the last issue of THE PSYCHIATRIC QUARTERLY SUPPLEMENT which will appear with its present type of content and its present arrangement. Beginning with the first number for 1946, THE SUPPLEMENT will present a larger number of papers of general interest to workers in the fields of psychiatry, clinical psychology, social work and mental hygiene; and material formerly published here which is of restricted interest will be published elsewhere. Certain news items and other notes on Department activities which formerly were published in THE SUPPLEMENT but which lost timeliness because of the six months between issues will appear hereafter in *Mental Hygiene News*. These will include the record of changes in the personnel of medical staffs, bibliographies, addresses and educational activities and the more important of the notes previously printed under the general heading of "News of the State Institutions."

The space devoted to scientific and popular papers in the psychiatric field will be greatly increased; the editorial board already has a number of unusually interesting ones in prospect; and the editors hope to increase the variety and general interest of the papers as well as the space available for them. Papers tentatively scheduled for the next issue of THE SUPPLEMENT include a study of a rejected child from the point of view of a social worker, a hospital director's analysis of the relationship of the church to mental institutions, a humorous discussion of the psychopathology of a food fad, a psychoanalytic essay on the character structure of persons who falsely claim to be "humbugs" or "bluffers," a paper on the selection of cases for social treatment, and a clinical psychologist's report concerning the validity of claims that one of the better-known intelligence tests is of value in diagnosing schizophrenia.

AIM IS FOR PERIODICAL OF MORE GENERAL INTEREST

The aim of the editors is to make THE SUPPLEMENT a publication of interest to everybody in the fields of psychopathology, psychology and mental hygiene from student nurse to hospital administrator. Contributions on pertinent topics will be considered from any source—subject, of course, to the usual professional courtesies owed by a writer to a senior or an administrative superior. An attendant, for example, may have a worthwhile idea on how to run a disturbed ward; an assistant director may have been itching for years to write an informal essay on the technique of administration.

Even Poets May Have Readings

At least for the period in which the new Supplement is taking shape, any sort of contribution in its field will be considered. The editorial board may regret extending this invitation; but if some medical staff junior has a psychoanalytic short story on his mind or somebody else a "psychiatrogenic" epic, either fiction or poetry will receive editorial reading. Work of significance and importance in the field of psychodynamics has been presented elsewhere in both fictional and verse form; some of it has been of outstanding literary merit. The Department's publications, heretofore, have had no place for contributions of this sort; it is hoped that the Supplement may become one. It also may be mentioned that there is no reason why a patient should not contribute to The Supplement if his physicians feel that a literary outlet will benefit him and if he has anything worthwhile to offer. With all that has been published, from autobiography to verbatim reports of long psychoanalyses, the therapist can never learn too much of what is in the patient's mind; the editors hope that psychiatrists among Supplement readers will remember that this publication would be glad to consider any patient's productions which seem to contain illuminating material.

Departmental News to Continue

The Supplement will continue to publish news of particular interest to readers in the New York State Department of Mental Hygiene, originally the primary purpose of this periodical. It will, however, endeavor to organize this into one or more general articles covering matters of wide interest, rather than publish fragmentary notes of local interest, as formerly, in the style of the "personals" of a country newspaper. Matters of greater interest to the Department as a whole than to practising psychiatrists in general—such as the biographies of new directors and important Departmental officers, with their photographs—will be published in The Supplement in future instead of in The Quarterly. This part of the new policy is inaugurated in this issue with the biography and picture of Assistant Commissioner Pamphilon. It is the present intention as well to enlarge the Supplement's book review section and to review more books of general interest. This—and some of the changes outlined in the foregoing—will be a matter of slow development rather than immediate production.

Minutes to Be Separate Publication

The minutes of the Department's Bimonthly Conferences will not appear in The Supplement in future but will be a separate publication; its title and details concerning it will be announced later. It will include confer-

ence papers which are of interest chiefly to a limited group like Mr. Tinney's discussion in this SUPPLEMENT issue of civil service appointing procedure, a paper of great importance to appointing officers but not of great interest to anybody else. Conference medical papers of interest to practising psychiatrists will continue to appear in THE QUARTERLY, and conference papers of more general interest will continue to be printed in THE SUPPLEMENT, for example, papers such as the annual review of legislation of interest to the Department of Mental Hygiene.

With the increased programs and additional special sessions of the Bimonthly Conferences, the minutes, although no longer reported verbatim, have increased greatly in volume. If those for 1945 had been printed as a separate publication, including the papers belonging with them rather than in THE QUARTERLY or SUPPLEMENT, they would have made a volume of more than 180 pages. The increase in the size of the minutes, added to the publication of many pages of institution news items which were too late for general interest by the time they were published, was crowding papers of interest to psychiatrists and other workers in the field out of THE SUPPLEMENT. There are only 15 pages of unsolicited contributions of this nature in the present issue.

WARTIME DIFFICULTIES HAVE CAUSED DELAYS

As readers who have attended conferences also realize, the preparation of these minutes is a long and difficult task, depending on the cooperation of a large number of persons. Overwork, lack of personnel, or illness, or other factors impossible to control under such conditions as we had in wartime may delay the preparation seriously. This is one, among numerous factors which may be lumped under the general title of wartime difficulties complicated later by the influenza epidemic, which delayed the publication of the October, 1945, issue of THE QUARTERLY and which have delayed the publication of this issue of THE SUPPLEMENT, which normally would have appeared last August 1. Plans are under way at present to make up for that delay. It is hoped that THE QUARTERLY and SUPPLEMENT can be restored to regular schedules by the end of 1946.

The news items usually appearing in this section of THE SUPPLEMENT under the heading of "News and Comment" are omitted from this issue, because any factors of timeliness have been lost through the lateness of publication and because the first issue of the 1946 SUPPLEMENT—although it also will be late—is scheduled for reasonably early publication. Any items omitted here and still of interest will be published in that issue.

GENERAL STATISTICAL INFORMATION RELATING TO STATE HOSPITALS, STATE SCHOOLS AND CRAIG COLONY

CENSUS OF JULY 1, 1945

Patient population:		
Civil State hospitals:		
In hospitals	73,242	
In family care	1,062	
In convalescent care	7,797	
On elopement	146	
		82,247
Dannemora and Matteawan		2,673
Licensed institutions for mental disease		*6,645
Institutions for mental defectives:		
In institutions proper	14,321	
In colonies	1,235	
In family care	620	
In convalescent care	1,956	
On elopement	99	
		18,231
Licensed institutions for mental defectives		*597
Institutions for defective delinquents		3,552
Craig Colony for epileptics		2,262
Total		116,207
Certified capacity of civil State hospitals		63,219
Certified capacity of Dannemora and Matteawan		2,457
Certified capacity of institutions for mental defectives		11,713
Certified capacity of Craig Colony for epileptics		1,990
Medical officers in civil State hospitals		289
Medical officers in Dannemora and Matteawan		9
Medical officers in institutions for mental defectives		40
Medical officers in Craig Colony for epileptics		8
Employees in civil State hospitals		12,637
Employees in Dannemora and Matteawan		767
Employees in institutions for mental defectives		2,251
Employees in Craig Colony for epileptics		394

*Subject to correction.

Movement of Employees in the Civil State Hospitals During the Year Ended June 30, 1945

State hospitals	In service July 1, 1944			Engaged			Left service			In service June 30, 1945			Vacancies June 30, 1945			Number of patients, excluding those in convalescent care, June 30, 1945, to each		
	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officer	Ward employee	Employee
Binghamton ..	10	399	274	6	202	80	5	199	85	11	402	269	6	34	49	246.5	6.7	4.0
Brooklyn	30	558	345	12	369	124	13	361	153	29	566	316	4	74	53	117.6	6.0	3.7
Buffalo	9	198	185	1	145	48	1	154	27	9	189	206	6	99	46	282.4	13.4	6.3
Central Islip ..	25	598	407	3	151	212	3	197	194	25	552	425	22	510	180	296.8	13.4	7.4
Creedmoor	17	444	242	7	166	103	6	201	96	18	409	249	8	294	92	275.2	12.1	7.3
Gowanda	8	221	184	4	105	49	4	93	46	8	233	187	7	158	57	345.8	11.9	6.5
Harlem Valley.	12	387	245	3	128	57	3	171	60	12	344	242	11	306	94	373.5	13.0	7.5
Hudson River..	15	477	394	4	203	91	3	191	72	16	489	413	8	219	94	303.1	9.9	5.3
Kings Park ...	19	619	365	12	199	146	10	237	159	21	581	352	19	411	137	302.0	10.9	6.6
Manhattan	20	386	337	4	76	62	5	103	54	19	359	345	4	130	95	202.7	10.7	5.3
Marcy	10	277	221	1	114	59	1	103	39	10	288	241	6	141	46	257.5	8.9	4.8
Middletown ...	10	380	270	1	135	63	..	150	88	11	365	245	9	190	36	321.9	9.7	5.7
Pilgrim	31	642	347	17	224	169	22	295	164	26	571	352	24	763	152	337.9	15.4	9.3
Psy. In. & Hos.	12	47	158	11	24	62	10	28	60	13	43	160	2	47	18	8.5	2.6	0.5
Rochester	9	322	179	7	75	59	6	83	57	10	314	181	8	154	75	312.0	9.9	6.2
Rockland	24	571	381	15	316	219	12	352	228	27	535	372	10	360	129	223.6	11.3	6.5
St. Lawrence ..	7	308	211	1	153	176	..	164	129	8	297	258	7	55	26	257.4	6.9	3.7
Syra. Psy. Hos.	3	35	22	..	20	17	..	22	18	3	33	21	1	13	9	16.0	1.5	0.8
Utica	7	218	214	..	120	52	1	136	32	6	202	234	6	127	40	304.5	9.0	4.1
Willard	8	286	219	1	71	48	2	64	54	7	293	213	9	195	58	410.3	9.8	5.6
Total 286		7,373	5,200	110	2,996	1,896	107	3,304	1,815	289	7,065	5,281	177	4,280	1,476	271.6*	10.6*	6.0*

*Excluding Psychiatric Institute and Syracuse Psychopathic Hospital.

MOVEMENT OF PATIENTS IN THE CIVIL STATE HOSPITALS DURING THE YEAR ENDED JUNE 30, 1945, AS REPORTED BY DIRECTORS, AND STATEMENT OF CAPACITY AND OVERCROWDING, JUNE 30, 1945

State hospitals	Census, July 1, 1944	Admissions				Discharged									Census, June 30, 1945	Certified capacity	Overcrowding	
		First admissions	Readmissions	Transfers	Total	Recovered	Much improved	Improved	Unimproved	Not insane	Eloped	Died	Transferred	Total			Number	Per cent
Binghamton.	3,002	432	118	4	554	157	110	45	18	22	..	249	2	603	2,953	2,391	263	11.0
Brooklyn....	4,424	1,838	518	42	2,398	400	386	445	17	..	3	919	222	2,392	4,430	2,603	805	30.9
Buffalo.....	2,914	446	127	7	580	163	80	61	26	6	3	240	42	621	2,873	1,942	570	29.4
Central Islip	7,999	902	299	148	1,349	133	432	153	43	1	2	525	26	1,315	8,033	6,443	908	14.1
Creedmoor...	5,090	1,197	225	104	1,526	236	123	79	20	7	2	556	75	1,098	5,518	4,142	811	19.6
Gowanda....	3,121	442	123	26	591	147	75	52	31	19	..	217	11	552	3,160	2,228	472	21.2
Harlem Val.	4,852	300	124	38	462	121	76	30	13	3	2	216	60	521	4,793	3,972	410	10.3
Hudson River	5,108	472	176	51	699	113	107	75	16	2	3	384	14	714	5,093	4,131	606	14.7
Kings Park..	7,006	891	292	193	1,376	102	309	88	38	2	10	395	340	1,284	7,098	5,390	892	16.5
Manhattan..	4,441	1,429	217	34	1,680	367	210	105	44	3	..	967	59	1,755	4,366	3,850	..	..
Marcy.....	2,867	403	94	17	514	91	123	62	22	11	..	250	9	568	2,813	2,140	405	18.9
Middletown..	3,796	210	88	34	332	76	71	45	22	12	..	194	8	428	3,700	2,742	595	21.7
Pilgrim.....	9,488	1,408	391	70	1,869	336	347	132	52	7	5	573	195	1,647	9,710	7,831	896	11.4
Psy. Inst. & Hosp.....	134	279	43	1	323	36	103	101	92	6	..	1	..	339	118	210	—99	..
Rochester...	3,458	511	125	12	648	103	103	53	8	7	..	350	17	641	3,465	2,740	325	11.9
Rockland....	6,851	923	345	11	1,279	293	327	148	52	19	3	387	74	1,303	6,827	4,700	1,288	27.4
St. Lawrence	2,234	237	89	4	330	82	73	33	22	3	..	158	6	377	2,188	1,721	275	16.0
Syra. Psycho. Hosp.....	51	456	159	2	617	98	104	71	50	83	..	23	191	620	48	60	—12	..
Utica.....	2,064	363	100	7	470	63	90	50	22	19	1	205	12	462	2,072	1,552	211	13.6
Willard.....	3,090	246	77	2	325	61	71	25	5	11	3	238	12	426	2,989	2,431	402	16.5
Total ..	81,991	13,385	3,730	807	17,922	3,178	3,320	1,853	613	243	37	7,047	1,375	17,666	82,247	63,219	10,134*	16.1*

*Excluding Psychiatric Institute and Syracuse Psychopathic Hospital.

MOVEMENT OF EMPLOYEES IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE YEAR ENDED JUNE 30, 1945

State institutions	In service July 1, 1944			Engaged			Left service			In service June 30, 1945			Vacancies June 30, 1945			Number of patients, excluding those in convalescent care, June 30, 1945, to each		
	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officers	Ward employees	Other employees	Medical officer	Ward employee	Employee
State Schools for Mental Defectives:																		
Letchworth Village	7	369	212	2	171	37	1	183	36	8	357	213	5	191	65	541.1	12.1	7.5
Newark	3	209	195	1	69	45	..	63	44	4	215	196	4	144	26	705.8	13.1	6.8
Rome	6	347	182	..	102	53	1	137	51	5	312	184	8	193	62	704.0	11.3	7.0
Syracuse	3	141	142	1	85	58	..	86	51	4	140	149	1	10	21	240.3	6.9	3.3
Wassaic	8	253	209	2	68	30	7	81	18	3	240	221	..	443	64	1514.3	18.9	9.8
Total	27	1,319	940	6	495	223	9	550	200	24	1,264	963	18	981	238	674.0	12.8	7.2
Craig Colony for Epileptics	7	160	206	1	50	34	1	39	28	7	171	212	4	109	52	300.6	12.3	5.4

MOVEMENT OF PATIENTS IN THE STATE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS DURING THE YEAR ENDED JUNE 30, 1945, AS REPORTED BY DIRECTORS AND STATEMENT OF CAPACITY AND OVERCROWDING JUNE 30, 1945

State institutions	Census, July 1, 1944	Admissions				Discharged								Census, June 30, 1945	Certified capacity	Overcrowding in institutions	
		First admissions	Readmissions	Transfers	Total	Improved	Unimproved	Not mentally defective	Not epileptic	Eloped	Died	Transferred	Total			Number	Per cent
State Schools for Mental Defectives:																	
Letchworth Village	4,808	367	73	7	447	198	121	1	..	6	65	91	482	4,773	3,178	899	28.3
Newark	3,224	180	25	10	215	88	41	..	..	7	38	..	174	3,265	1,874	575	30.7
Rome	3,902	211	17	94	322	102	51	1	..	7	86	6	253	3,971	2,440	484	19.8
Syracuse	1,347	119	5	..	124	59	16	7	..	8	6	5	101	1,370	677	—129	..
Wassaic	4,898	285	43	9	337	250	47	..	..	5	81	..	383	4,852	3,544	779	22.0
Total	18,179	1,162	163	120	1,445	697	276	9	..	33	276	102	1,393	18,231	11,713	2,608	22.3
Craig Colony for Epileptics	2,337	179	23	..	202	52	132	..	2	..	91	..	277	2,262	1,990	114	5.7

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